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ABSTRACT

The directory lists and describes governmental and voluntary agencies, research, and other resources in the field of mental retardation in foreign countries. The first section, on international organizations, gives names, addresses, names of directors, and one or more paragraphs of description for the United Nations and its specialized agencies, inter-governmental agencies, international non-governmental organizations, international coordinating agencies, and regional non-governmental organizations. The second section, which constitutes the major portion of the directory, contains individual country reports for 60 countries. Each country's section contains a general description of the country and its provisions for education and services, listings of governmental agencies with definite mental retardation responsibilities, voluntary organizations, research institutes and programs, serial and other publications, and brief descriptive notes on program areas (case finding, diagnosis and assessment, consultation to parents, education, work training and employment, medical care, residential care, financial assistance, recreation, research, personnel training, planning), and other information for visitors interested in mental retardation. (KW)

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INTERNATIONAL DIRECTORY OF Mental Retardation Resources

The President's Committee on Mental Retardation
Washington, D.C. 20201

INTERNATIONAL DIRECTORY
OF
MENTAL RETARDATION RESOURCES

Edited by

Rosemary F. Dybwad, Ph. D.

Research Associate
Florence Heller Graduate School for
Advanced Studies in Social Welfare
Brandeis University

1971

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EDUCATION & WELFARE
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FOREWORD

The development of services for the mentally retarded in the past two decades has been unprecedented in history. The forces which have brought about this significant change must await the careful analysis of future historians.

This rapid growth has resulted in a great need to exchange information and knowledge, not only among people in a given country, but between countries. The need to assist individuals, as well as local, national, and international organizations has generated a need to locate or identify appropriate individuals or agencies in various countries throughout the world.

As a consequence there has developed a demand for an "international directory." The responsibility for this directory was clearly recognized by the International Association for the Scientific Study of Mental Deficiency and the International League of Societies for the Mentally Handicapped.

The preparation of a document of this magnitude and complexity required much more than financial support. It required the dedicated efforts of many individuals in helping to gather appropriate information, assembling it into a readily useable format, and distribution to appropriate individuals and agencies.

We are indebted to the National Institute of Child Health and Human Development for its financial assistance. However, our greatest indebtedness is to Rosemary F. Dybwad who gave so much of herself and her time in preparing this document. Without her administrative skill, her knowledge of the people throughout the world who are engaged in mental retardation programs, and her unselfish devotion to carrying through the task - this document would not have been completed.

The Directory will be consulted by many who would like to know more about what is going on throughout the world. It can be used by government agencies in obtaining valuable information to help in their planning for new programs. More than 60 countries have contributed to the preparation of this document. Hopefully, in the not-too-distant future every country of the world will be represented in it.

If this document, directly or indirectly, enables a single country to advance its services for the mentally retarded, then we have achieved our goal.

Harvey A. Stevens, Past President,
International Association for the
Scientific Study of Mental Deficiency,
American Association on Mental Deficiency,

PREFACE

The past twenty years have seen a tremendous growth in mental retardation facilities and services. There have been very substantial, indeed revolutionary, improvements in the contributions made by various disciplines to the identification, education and training, treatment, rehabilitation and care of mentally retarded individuals as well as sweeping changes in the public attitude toward this disability and those disabled by it.

Without minimizing in any way the very significant advances made by many professions, it can fairly be stated that the major contributing factor to the rapid developments of the past two decades has been the impact of the consumer, represented largely by the associations for the mentally retarded which have sprung up since mid-century literally around the world.

From the earliest days these parent-sponsored consumer groups recognized that in a so rapidly-developing field much was to be gained from international exchange.

There was early recognition that there were striking variations in the quality of the services available and, moreover, that in this particular field some of the smaller countries were considerably farther advanced than some of the larger countries with a strong economic position.

One other factor needs to be mentioned: because of the long-existing prejudices toward the field of mental retardation as an area of little promise for research, therapy, education and rehabilitation, the usual media of professional communication, national and international journals, congresses, textbooks and monographs, paid little attention to the field and in the case of textbooks in particular tended to continue to circulate outdated and irrelevant information.

As a result consumer representatives, professional workers and public officials felt the need to "see for themselves," and, as a first step, made inquiries about what was going on in other countries. It was this ever-increasing volume of inquiries directed at the various national and international organizations in the field that led to the decision to publish this Directory.

Yvonne Posternak, Lic. Sc.: M.S., President
International League of Societies for the
Mentally Handicapped

INTRODUCTION

This volume is the product of the collaborative efforts of countless people around the world, volunteers, professional workers, state officials, and last but not least, the international public servants in the United Nations and its Specialized Agencies. Since it is obviously impossible to list each one, the editor wishes to express here her great indebtedness to all of them.

As much as possible the Directory tries to follow a uniform outline. However, the wide range of development level from country to country made this very problematical. For the same reason no attempt has been made to tabulate information and, indeed, the editor advises against such attempts. While much care has been taken to clarify the use of terminology, there is no question but that the respondents have used the same terms with wide variation in meaning.

It is to be hoped that the international associations in the field can collaborate with the United Nations in efforts to gain increasing agreement on classification schemes and terminology that are responsive to the full range of functional needs. The proposals for the eighth revision of W.H.O.'s International Classification of Diseases provide an important but only partial answer.

Every effort has been made to check and re-check the information and to have a draft of each country report read by knowledgable persons in that country. However, the swiftness of the progress in the field quite naturally results in equally swift and at time radical changes in the availability and organization of services. Still, it is hoped that the addresses given will at least lead the user of this Directory to persons who are in possession of the most recent information.

A major problem was to find for every country to be listed persons with sufficient grasp of the total situation, acquainted with the voluntary as well as the governmental field, in all the many program areas. Indeed, efforts over a three-year period resulted, in the case of some countries, in such limited information that no report was possible. One might well hope that the publication of the first edition of this Directory will lead to availability of information from a good number of countries which could not be included. This would be of particular advantage to persons in developing countries who seek interchange through correspondence and visits with persons from other countries.

The editor wishes to express particular appreciation to President Charles I. Schottland of Brandeis University who, during his tenure as Dean of The Florence Heller Graduate School for Advanced Studies in Social Welfare, provided housing and supportive services in the Brown Research Building to the project, and to Acting Dean Gunnar Dybwad and to Dean Arnold Gurin who continued this assistance.

Finally, I must acknowledge the encouragement, counsel and guidance I have received from the Project's Steering Committee, Dr. Henry Cobb, Mr. Harvey Stevens and Dr. Renée Portray.

Rosemary Dybwad, Ph.D.
Research Associate
Florence Heller Graduate School for
Advanced Studies in Social Welfare
Brandeis University
Waltham, Massachusetts 02154

PART I

INTERNATIONAL ORGANIZATIONS*

A. THE UNITED NATIONS AND ITS SPECIALIZED AGENCIES

Far too many people in the world know the United Nations only through the political discussions of the General Assembly and the Security Council. Others may know one or two of the Specialized Agencies affiliated with the United Nations such as UNESCO, the United Nations Education, Scientific and Cultural Organization, or ILO, the International Labor Organization , but few people have a clear picture of the broad network of services offered by the United Nations and the Specialized Agencies and of their interrelationships. Moreover, when it comes to so specific an area as mental retardation even persons quite knowledgable in international social affairs tend to doubt that the United Nations organization is actively involved with this problem.

Yet, mental retardation is a worldwide problem and, as the information in this Directory will indicate, is a reality even in the so-called developing countries once they reach a certain level of social organization.** It is noteworthy that the Commission for Social Development of the United Nations Economic and Social Council took time at its meeting in 1970 to consider, at the initiative of the French delegation, the Declaration of General and Special Rights of the Mentally Retarded as promulgated in 1968 by the International League of Societies for the Mentally Handicapped, and referred it to the Secretariat for its consideration. An extended Draft Declaration prepared in consultation with the Specialized Agencies concerned (the ILO, UNESCO and WHO) will come before the 1971 session of the Commission.+ Overall, the problem of mental retardation is part of the United Nations' concern with disability. The Ad Hoc Interagency Committee on Rehabilitation of the Disabled (see below) serves as a coordinating mechanism.

Each of the agencies making up the United Nations family is particularly concerned with one or several aspects of the rehabilitation problem. The United Nations, in addition to its coordinating function, is especially concerned with the legislative, administrative, psychological, prosthetic and social services aspects of rehabilitation; the ILO in the vocational aspects of rehabilitation and with matters relating to the prevention of industrial accident and occupational diseases, as well as social security; the WHO in the prevention of disease, and in the medical aspects of rehabilitation; the UNESCO in matters concerning special education; the FAO in the nutritional aspect, both preventive and curative; and the UNICEF in projects of direct assistance to child and maternal health services wherever these have a bearing on the welfare of the disabled.

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* See: Compendium on the Activities of World Organizations Interested in the Handicapped, published and distributed for the Council of World Organizations Interested in the Handicapped by the International Society for Rehabilitation of the Disabled. New York: The International Society, 1969. Some of the material in this section of the Directory has been taken from this excellent and detailed Compendium.

** For example, as United Nation Agencies extend aid to improve the general developmental level of a country, by such measures as better aternal and child health care, a more adequate nutritional level, improved sanitation, etc., perinatal and infant mortality will decrease and the number of children with substantial intellectual and physical deficits will increase. Requests for services and facilities are the inevitable consequence.

+ Approved March 18, 1971 for recommendation to the UN General Assembly.

UNITED NATIONS
New York, New York 10017
Rehabilitation Unit for the Disabled
Social Development Division, Economic and Social Council

Founded 24 October 1945

Chief of Unit: Mr. Esko Kosunen

The First General Assembly of the United Nations adopted, on 14 December 1946, Resolution 58 (I) which established the program of advisory social welfare services. Rehabilitation of the handicapped was specifically mentioned in this resolution. Thus, since early 1947, experts, fellowships and technical equipment have been provided to numerous countries, and seminars, international conferences and study groups have been organized to deal with problems related to the rehabilitation of the disabled.

In a limited number of cases such activities have been exclusively concerned with mental retardation (in response to requests from member countries); in other cases mental retardation has been included with other disability areas.

UNITED NATIONS CHILDREN'S FUND

Executive Director:
  Mr. Henry R. Labouisse
  Room 1827, United Nations HQ

UNICEF is an organ of the United Nations (not a Specialized Agency), founded December 1946 by Resolution of the General Assembly to assist governments in program for the improvement of child health and welfare

UNICEF provides essential imported supplies and equipment to help governments establish or strenghthen programs for the treatment and rehabilitation of handicapped children. In some cases the Fund has also provided training fellowships for personnel to study abroad and visit model demonstration centers for care of the handicapped.

As special services for the handicapped are very expensive and call for highly trained, experienced staff, such programs are relatively costly in relation to the numbers of children helped, and have a lower priority for UNICEF help than do programs for control of mass diseases or for preventive health services for mothers and children.

In all of its assistance, UNICEF emphasizes the laying of a sound basis for comprehensive and continuous services and not merely the meeting of immediate needs. Specialized help to handicapped children is given only where such services are part of the basic framework and organization of maternal and child welfare services in a community.

In general, UNICEF has limited its assistance to physically handicapped children but there have been exceptions.

INTERNATIONAL LABOR ORGANIZATION Established 1919
154 rue de Lausanne
Geneva, Switzerland

Mr. Norman Cooper
Vocational Rehabilitation Officer
Manpower Planning and Organization Branch
Human Resources Department

ILO, an international organization of 118 member States, having a tripartite structure (governments, employers and workers) is a Specialized Agency associated with the United Nations. Its stated purpose is to improve working and living conditions throughout the world and thus provide for universal and lasting peace based upon social justice.

The principal activities of the International Labor Organization in the rehabilitation field are:

1. establishment of international standards on vocational rehabilitation;
2. provision of technical cooperation by means of expert missions, fellowships and equipment;
3. seminars, study groups and training courses;
4. research and publications.

In the general field of rehabilitation the ILO is especially concerned with matters relating to industrial accidents and occupationaldiseases, protection of young workers, vocational guidance, vocational training, placement and conditions of work in open and sheltered employment and social security.

A keystone in the ILO's work is Recommendation No. 99, adopted in 1955 by the International Labor Conference, which constitutes the magna carta of rehabilitation and specifically covers mental as well as physical disability, and includes special provisions for disabled children and young persons.

WORLD HEALTH ORGANIZATION Founded 1948
Avenue Appia
1211 Geneva, Switzerland

(Vacancy)
Chief, Mental Health Unit

The objective of the World Health Organization, a specialized agency of the United Nations, is the attainment by all people of the highest possible level of health. Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Although the maternal and child health and genetics programs of WHO have special relevance for the field of mental retardation, the Mental Health Unit was the first to become actively involved and has remained by far the most concerned in this area. The work of Expert Committees convened in 1953 and in 1967 resulted in two publications which have become worldwide references: The Mentally Subnormal Child, WHO Technical Report Series No. 75, 1954, and Organization of Services for the Mentally Retarded, WHO Technical Report Series No. 392, 1968. In addition, special consultation groups have been called together on specific subject areas; services of technical experts and travel study fellowships have been provided. WHO has six Regional Offices and the European Region has sponsored seminars in mental retardation.

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION   Founded 1946
Place de Fontenoy
Paris 7, France

Mr. Nils-Ivar Sundberg
Programme of Special Education for Handicapped Children and Young People
Division of Equality of Access to Education

UNESCO is a Specialized Agency of the United Nations, whose purpose is to contribute to peace and security by promoting collaboration among the nations through education, science and culture in order to further universal respect for justice, for the rule of law and for the human rights and fundamental freedoms which are affirmed for the peoples of the world, without distinction of race, sex, language, or religion, by the Charter of the United Nations.

In 1960 the Recommendation on Special Education for Mentally Handicapped Children (No. 51) was adopted by the International Conference on Public Education convened jointly by UNESCO and the International Bureau of Education in Geneva, now part of UNESCO. At the same time UNESCO continued various activities devoted to the study of maladjustment and delinquency. UNESCO's program in special education was however, given greater emphasis by resolutions 1.211 and 1.292 adopted by its 13th General Conference in 1964 which authorize the Director-General to consider the care and the problems of mentally and physically handicapped children and their consequences as a part of the total education program of the Organization.

Since 1969 the Program on special education for handicapped children and young people has been intensified, having regard to the magnitude of the problem and the urgency of the needs of Member States. Means are being sought, particularly through extra-budgetary sources and voluntary contributions, to strengthen UNESCO's activities in this field.

Particularly helpful is UNESCO's publication, Special Education/Éducation Spécial, fifth in its series of International Directories of Education, Paris, 1969. Entries on 65 countries or territories are listed in either English or French.

UNESCO has also undertaken a study of the legislation concerning the special education of handicapped children and young people in thirty countries. Comparative terminology is under study, and requests for technical advisors in the specific field of mental retardation have been supplied to two countries (Peru and Iraq).

B. INTER-GOVERNMENTAL AGENCIES

Instituto Interamericano del Niño
Avenida 8 de Octubre, 2904
Montevideo, Uruguay
Dr. Rafael Sajón, Director General
Profa. Eloísa García Etchegoyhen de Lorenzo
Jefe, Sección Retardado Mental

In 1949 the Interamerican Child Institute (founded in 1927) became an official organ of the Organización de los Estados Americanos (Organization of American States) which has its headquarters in Washington, D.C.

I.I.N. established the Mental Retardation Section in 1965, the first and still the only intergovernmental bureau specifically devoted to mental retardation. Under the leadership of Profesora Eloísa de Lorenzo, well known Latin American leader in special education, the Sección has arranged for regional international seminars and conferences, provides consultation and issues a bi-lingual bulletin and special publications on various aspects of the problem of mental retardation.

C. NON-GOVERNMENTAL ORGANIZATIONS ACCREDITED BY THE UNITED NATIONS OR ONE OF ITS SPECIALIZED AGENCIES

1. Concerned primarily with mental retardation

International League of Societies for the Mentally Handicapped
12 rue Forestière
1050 Brussels, Belgium
Dr. Renée Portray, Secretary General

The International League of Societies for the Mentally Handicapped was formally established in 1962 as successor to the European League of Societies for the Mentally Handicapped, founded in 1960 by representatives of parents' organizations, professional groups and by individuals committed to advance the interests of the mentally retarded without regard to nationality, race or creed.

Through the creation of a common bond of understanding between parents and others interested in the problems of the mentally handicapped, the League hopes to secure on their behalf from all possible sources the provision of efficient remedial, residential, educational, training, employment and welfare services.

The League seeks to realize its objects by

(a) the interchange of experts and information, on the developing services for mentally handicapped;

(b) the exchange of workers in the field of mental handicap between one country and another;

(c) the comparative study of legislation, in member countries and beyond, concerning the mentally handicapped, and the promotion and implementation of same in their favor.

The League's membership of 71 associations includes national member societies in 36 countries and affiliated and subscribing member groups in an additional 13 countries.

International Congresses have been held in Brussels (1964), Paris (1966) and Jerusalem (1968); the 1972 Congress will be convened in Montreal.

Small symposia with a staff of international experts and attendance limited by invitation are organized by national member societies on behalf of the League. They have dealt with such subjects as sheltered employment, legal and legislative problems, education, guardianship, residential care and organizational development.

Proceedings of the congresses and symposia are published by the League as is a newsletter which appears in French, English, Spanish and German.

Particular mention should be made of the League's Committee on Architecture, the first such group to bring together architects, administrators and concerned citizens to promote new patterns of design and programming.

The League is recognized by UNESCO in consultative status, and by WHO through the Joint Commission on International Aspects of Mental Retardation.

International Association for the Scientific Study of Mental Deficiency
c/o Professor I. I. Goldberg, Secretary
Box 83
Teachers College, Columbia University
New York, New York 10027, U.S.A.

The International Association for the Scientific Study of Mental Deficiency was founded in 1964 at the International Congress in Copenhagen which had been preceded by scientific congresses in Vienna (1961), London (1960), and Portland, Maine, U.S.A. (1959).

The purpose of the IASSMD is to promote the scientific study of mental deficiency, through a multidisciplinary approach by serving throughout the world as a medium for exchange of knowledge and experience, dissemination of information through organization of congresses and other meetings; to encourage research including causation, prevention, diagnosis and evaluation, therapy, management, education and social habilitation; to encourage the creation of multidisciplinary, scientifically oriented organizations on a national level. Membership consists of such organizations and individually affiliated members in 30 countries, among which the American Association on Mental Deficiency is the largest with a membership of over 8,000.

The IASSMD's main activity to date has been the organization of international interdisciplinary congresses in Montpellier, France (1967) and Warsaw (1970); the 1973 congress is to be held in The Netherlands. Preceding the Warsaw Congress a conference was held in Malmö in cooperation with Swedish authorities on special education and rehabilitation, resulting in the formation of an ongoing committee on education and rehabilitation.

The IASSMD is recognized by the World Health Organization through the Joint Commission on International Aspects of Mental Retardation.

The Joint Commission on International Aspects of Mental Retardation
12 rue Forestière
1050 Brussels, Belgium
Dr. H. V. Cobb, Chairman

In order to assure effective representation in the area of mental retardation to the World Health Organization, the International League of Societies for the Mentally Handicapped and the International Association for the Scientific Study of Mental Deficiency have formed the Joint Commission on International Aspects of Mental Retardation, accorded consultative status by WHO in 1969.

2. Non-governmental organizations which included mental retardation in their program statement.*

Bureau International Catholique de l'Enfance (BICE)
International Catholic Child Bureau
  Commission Médico-Pédagogique et Psycho-Sociale
    Medico-Educational and Psycho-Social Commission
  53, rue de Babylone
  Paris - 7^{e}, France
  Abbé Henri Bissonnièr, Secretary General

Through its Medico-Educational and Psycho-Social Commission, the International Catholic Child Bureau has consistently included in its program concern regarding mentally retarded children and young people.

The Commission has organized eight study groups on such subjects as special education, vocational rehabilitation, social and religious adaptation, and their meetings have provided significant opportunity for international exchange.

International Council on Social Welfare
345 East 46th Street
New York, New York 10017
Mrs. Kate Katzki, Secretary General

In its recent world conferences the International Council on Social Welfare has included series of meetings on the subject of mental handicap with cooperation from the International League of Societies for the Mentally Handicapped, an affiliate member of the ICSW.

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* It is always difficult to choose organizations for a particular listing -- the choice depends much on "the eye of the beholder." The following list was largely abstracted from the Compendium on the Activities of World Organizations Interested in the Handicapped by selecting those which in recent years, to the editor's knowledge, had undertaken specific activities in the field of mental retardation.

International Society for Rehabilitation of the Disabled
("Rehabilitation International")
219 East 44th Street
New York, New York 10017
Mr. Norman Acton, Secretary General

Founded in 1922, during recent years the International Society for Rehabilitation of the Disabled, originally oriented to physical disabilities, has given increasing attention to the problems of the mentally retarded. Through its Committee on Special Education (now the Education Commission), the ISRD has held International Seminars on Special Education preceding each of its world congresses since 1960, with special reference to the problem of mental retardation.

International Union for Child Welfare
Union International de Protection d'Enfance
1, rue Varembé
1211 Geneva 20, Switzerland
Mr. Pierre Zumbach, Secretary General

The 1924 Geneva Declaration of the Rights of the Child, the basic document of the International Union for Child Welfare, included special reference to the needs of the physically and mentally handicapped child, and this concern has been reflected in all of the IUCW's conferences. From 1964 to 1967 the IUCW sponsored a special project on the rehabilitation of the mentally retarded which provided consultation to many countries.

"A Review of the Activities of Member Organizations of the IUCW in Aid of Physically and Mentally Handicapped Children and Adolescents" was issued in September 1970.

League of Red Cross Societies
17, chemin des Crêts, Petit-Saconnex
1211 Geneva 19, Switzerland
Mr. Henrik Beer, Secretary General

Since 1921 the League of Red Cross Societies has aimed at developing among its member societies interest in rehabilitation of the disabled, covering physical, psychological as well as social aspects. Several of the Red Cross member associations have developed programs for the mentally retarded, including residential services.

World Federation for Mental Health
c/o Professor M. Carstairs, President
Royal Edinburgh Hospital
Edinburgh, Scotland, U.K.

The World Federation for Mental Health was founded in 1948 and has member associations in more than 50 countries and more than 3,000 individual associates. In its annual meetings the WFMH has included sessions on mental retardation and many of its members are directly involved in providing services to the mentally retarded.

Union Mondial des Organismes pour la Sauvegard de l'Enfance
et de l"Adolescence (UMOSEA)
World Union of Organizations for the Safeguard of Youth
28 Place Saint-Georges
Paris - 9^{e}, France
Professor R. Lafon, President

Founded in 1956, the UMOSEA seeks to help national organizations for the care of maladjusted children to study their technical and administrative problems at the international level. It specifically includes mentally retarded children and adolescents in its program of conferences, studies and scientific publications.

Boy Scouts World Bureau
Case postale 280
1211 Geneva 11,Switzerland
Secretary of World Training Advisory Committee on Scouting
with the Handicapped
Mr. P. R. Cowan, P.O. Box 4204, Station E
Ottawa 1, Canada

Scouting for the handicapped, now active in more than 50 countries, has become a very important program not only for the benefits to its active participants but for its impact on young people in general and the community. Mentally retarded boys have greatly benefited from this movement. In addition in some countries, such as Sweden, the Scout movement has supported other community projects on behalf of the mentally retarded.

D. INTERNATIONAL COORDINATING AGENCIES

Ad Hoc Interagency Meeting on Rehabilitation of the Disabled
c/o Rehabilitation Unit for the Disabled
Social Development Division
United Nations
New York, New York 10017

Acting pursuant to a resolution of the Economic and Social Council calling for a well-coordinated international program for rehabilitation of physically handicapped people, the U. N. Administrative Committee on Coordination decided in October 1950 to arrange for a meeting of the appropriate technical officials of the United Nations and the Specialized Agencies concerned. Thus, on December 18, 1950, the Ad Hoc Interagency Meeging on Rehabilitation of the Disabled came together for the first time and has convened annually ever since. Represented are the Rehabilitation Unit of the Social Development Division, ILO, WHO, UNESCO, UNICEF and the U.N. High Commissioner for Refugees. In spite of its informal status (even after 20 years of operation this is still referred to as an ad hoc meeting rather than a committee) the activities of this group have been very successful in focusing on the expanding needs of rehabilitation. Invited representatives from CWOIH, the Council of World Organizations Interested in the Handicapped, are in attendance at the Ad Hoc Meetings, thus assuring coordination and cooperation with the non-governmental organizations.

Council of World Organizations Interested in the Handicapped (CWOIH)
c/o International Society for Rehabilitation of the Disabled
219 East 44th Street
New York, New York 10017
Chairman: Mr. Norman Acton
Secretary: Mrs. Dorothy Warms

The Council of World Organizations Interested in the Handicapped was formally established in 1953 after non-governmental organizations active in the rehabilitation field had met, at the initiative of the United Nations, in line with a 1950 resolution of the U.N. Economic and Social Council (ECOSOC) calling for cooperation between the U.N. and non-governmental rehabilitation agencies.

Membership in the Council is open to any non-governmental organization which has an official relationship with ECOSOC, ILO, WHO, UNESCO and UNICEF.

The purpose of the Council is to assist the U.N. and Specialized Agencies to enlist their cooperation in developing a well-coordinated international program for rehabilitation of the handicapped, and to serve as a liaison body in pursuit of these efforts and, finally, to develop cooperation and methods of common action between the NGOs themselves.

A listing, giving a descriptive statement of each of the Council's 35 members and of the U.N. and the Specialized Agencies, is contained in the Council's publication, Compendium on the Activities of World Organizations Interested in the Handicapped.

The International League of Societies for the Mentally Handicapped is a member of the Council and the League's Secretary General presently serves on the Executive Committee.

E. REGIONAL NON-GOVERNMENTAL ORGANIZATIONS

Nordiska Förbundet Psykisk Utvecklingshämning (NFPU)
Nordisk Forbund for Åndssvageforsorg
(Nordic Union on Mental Retardation)

Chairman: N. E. Bank-Mikkelsen
Falkoner Allé 1
2000 Copenhagen, Denmark

Meetings on mental retardation have been held from time to time in the Scandinavian countries since the end of the last century. In 1963 the Nordic Union on Mental Retardation was formed with membership open to all interested persons (now numbering over 1,000). The board consists of three representatives from each of the Nordic countries, Denmark, Finland, Iceland, Norway and Sweden. Congresses are held every three years and seminars and symposia on special topics in intervening years (i.e., physical training and sports, early intervention, geriatrics, delinquency, activation programs).

Psykisk Utvecklingshämning (Mental Retardation) is published quarterly, on prevention, diagnosis, education and care, edited by Dr. Karl Grunewald, Socialstyrelsen, 105 30 Stockholm, Sweden.

Two other regional organizations are being developed:

European Association for Special Education (EASE)
Secretary: Walter Lund
Trägardsgatan 42
Norrköping, Sweden

The Association's first conference will be held in Norrköping in July 1971 together with a trade fair and exhibition of special education materials.*

Caribbean Council for the Retarded
Dr. M. J. Thorburn, Secretary
c/o Jamaica Association for Mentally Handicapped Children
P.O. Box 244
Kingston 7, Jamaica

Planning toward formation of the Council took place at the first Caribbean Conference on Mental Retardation held in Jamaica in 1970, by representatives of the voluntary associations and interested individuals, with sponsoring assistance from the U.S. President's Committee on Mental Retardation and the Department of Health, Education and Welfare. Formal organization is scheduled for April 1971. There are approximately 28 small countries and territories in the Caribbean area, including Bermuda, and voluntary associations in some of them, involving parents, professional workers, officials and interested citizens, began to be established more than a decade ago.

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* An informal group of individuals have over past years organized four international congresses on orthopedagogics (Heilpädogogik) bringing together physicians, educators and psychologists primarily from the countries of Western and Eastern Europe where the German language is in use. Translation of plenary sessions was available at the last congress, held in Austria in 1969 under the chairmanship of:

Professor Dr. Med. H. Asperger
Universitäts Kinderklinik Wien
Spitalgasse 23
Wien IX

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ARGENTINA

Area - 1,072,068 square miles; population - about 23 million; government - a republic governed by a president appointed in 1966.

The second largest country in the Southern continent, Argentina is bordered on the west by the Andes mountains, and stretches from the subtropical lowlands in the north to the bleak Patagonian steppe and rainy Tierra del Fuego in the far south, with the heartland area the fertile plains of the central pampas.

Under Spanish rule until 1810, the population of the country is now predominantly of Spanish and Italian origin with substantial groups from other countries such as Germany and Lebanon. Only about 3% of the population is Indian and mestizo. The official language is Spanish and 94% of the people are Roman Catholic.

The country is dominated by its agricultural interests which support meat packing as one of the major industries. However, the metropolitan area of Buenos Aires and La Plata with more than 1/3 of the population, has built up a considerable amount of diversified and heavy industry.

Primary education is free, secular and compulsory. The literacy rate (86%) is one of the highest in Latin America. However, in the rural areas and urban slums many children attend school for a few years only, leaving in order to help with family income.

Argentina has a comprehensive system of social security including old age, invalidity and survivors' insurance, sickness and maternity benefits for employed women, and workmen's insurance. Since 1957 it has an employment-related system of family allowances.

Although special education services have been developed in Argentina for several decades, they are not supported by specific legislative enactment. Furthermore, as in some other countries, special education services are partly within the system of education and partly within the system of health services. In the beginning, programs for the mentally retarded were maintained and supported largely by private organizations or individuals. This is still largely the case with services for the more severely retarded as the public schools are accomodating more of the milder cases.

GOVERNMENTAL AGENCIES WITH PRIMARY RESPONSIBILITY FOR MENTAL RETARDATION

Secretaría de Estado, de Cultura y Educación
Departamento de Sanidad Escolar
Director de Sanidad Escolar,
Dr. Angel Centeno
Saavedra 15, Buenos Aires

(Secretariat of State,
Culture and Education)
(Department of School
Health)

Inspeccion de Pedagogia Diferenciada
Profesor Juan Carlos Lopez

Independencia 4248 Buenos Aires

Cabinete Médico-Psico-Pedagógico
(Medical-Psychological-Pedagogic Unit)
Dr. Juan Lardiez
Saavedra 15
Buenos Aires

Centro de Orientactión Educativa
(Center of Educational Training)

Dr. Munoz Soler
Pedro Lozano 3056
Buenos Aires

Consejo Nacional de Educacion
Direccion Técnica General de
Asistencia al Escolar
(National Council of Education)
Inspector General Señor Carlos Alverto Vega
Inspectora Técnica, Sra. Pilar Olid de Varela
Pizzurno 935
Buenos Aires
(Responsible for supervision of other groups of schools, primarily private)

Important Provincial Public Agencies

Ministerio de Educación de la Provincia
de Buenos Aires
Dirección de Escuelas Diferenciadas
Directora, Sra. Lidia M. de Marini
Diagonal 74, Esquina 57
La Plata, Provincia de Buenos Aires

Consejo Provincial del Menor
(Provincial Council for Minors)
Presidente, Dr. Jorge Arrambide Pizzarro
Córdoba, Provincia de Córdoba

Dirección General de Enseñanza Media,
Especial y Superior
(General Directorate for Secondary, Special and Higher Education)
Director, Ingeniero Angel Manzur
Córdoba, Provincia de Córdoba

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Professional

Asociación Argentina para el Estudio
Científico de la Deficiencia Mental
(Argentine Association for the Scientific Study of Mental Deficiency)
Presidente, Dr. Tomás Figari
Secretaria, Dra. Lydia Coriat
Calle José Andrés Pacheco de Melo 2483
Buenos Aires
(Organized in 1967, it is affiliated with the International Association for the Scientific Study of Mental Deficiency)

Citizen

Federación de Entidades pro Atención
al Disminuido Mental (FENDIM)
(Federation of Societies for the Mentally Retarded)

Presidente, Dr. Manuel Campos Carlés
Corrientes 3454
Buenos Aires

(Established in 1966 and uniting some 30 associations of parents throughout the country, FENDIM holds an annual conference and, in cooperation with its technical advisory board, promotes public information, studies legislative needs, presses for extension of governmental programs for the retarded and through its affiliates provides counselling services for parents. It became a member of the International League of Societies for the Mentally Handicapped in 1968.)

Other organizations which include mental retardation

Asociación de Docentes, Médicos y Técnicos
de Ensenanza Diferenciada (ADMyTED)
Presidente, Dr. Jorge Seoane
Salguero 3074
Buenos Aires

(Association of
Teachers, Physiians
and Technicians in
Special Education)

Unión de Maestros Especializados
Presidenta, Sra. Eva O. de Steimbrun
Independencia 4248
Buenos Aires

(Union of Special
Education Teachers)

RESEARCH

Hospital de Niños
Servicio de Neurología
Dr. B. Cantlon
Gallo 1340
Buenos Aires

Hospital de Niños
Servicio de Psicopatología
Dr. Zimziensky
La Plata, Provincia de Buenos Aires

Hospital Infanto Juvenil
Director, Dr. Rodolfo Cerutti
Vieytes 489
Buenos Aires

Universidad Nacional de la Plata
Facultad de Humanidades y Ciencias
de la Educación, Cátedra de
Pedagogía Diferenciada
Prof. Berta P. de Braslavsky
Calle 6 entre 47 y 48
La Plata. Provincia de Buenos Aires

Dirección de Enseñanza Diferenciada de la
Provincia de Buenos Aires
Diagonal 74, Esquina 57
La Plata, Provincia de Buenos Aires

Fundación de Investigaciones Neurológicas
Director, Dr. Juan Azcoaga
Tacuarí 351
Buenos Aires

Centro de Estudio y Asistencia Médico-
Psiquiátrica de la Niñez y Adolescencia
(CEAM)
Directora, Dra. Telma Reca
Freyre 2145
Buenos Aires

Instituto Argentino de Reeducación
Departamento de Investigación
Profa. Berta P. de Braslavsky
Mariano Acosta 171
Buenos Aires

PUBLICATIONS WHICH INCLUDE ARTICLES ON MENTAL RETARDATION

Revista de Sanidad Escolar Saavedra 15 Buenos Aires	(Journal of School Health - published by the Dept. of School Health)
Boletin Informativo de Enseñanza Diferenciada Diagonal 74, Esquina 57 La Plata, Provincia de Buenos Aires	(Information Bulletin Special Education)
Revista de Educación del Ministerio de Educación de la Provincia de Buenos Aires	(Journal of the Ministry of Education of the Province of Buenos Aires)
Archivos de Ciencias de la Educación Calle 45, No. 548 La Plata, Provincia de Buenos Aires	(Archives of Education Sciences - published by the Dept. of Education Sciences of the National University of La Plata)
Anales del Instituo de Investigaciones Psicopedagógocas Universidad Nacional de Cuyo San Luis	(Anals of the Institute of Psychopedagogic Research)
Revista del Hospital de Niños de Buenos Aires Gallo 1340 Buenos Aires	
Boletín de la Asociación Argentina para el Estudio Cientifica de la Deficiencia Mental Calle José Andrés Pacheco de Melo 2843 Buenos Aires	

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - is carried out by the hospital services, especially in departments of psychiatry and neurology. Certain centers especially concerned with the problem have been listed above, under Research. Pediatricians, in general, still lack information on mental retardation and multidisciplinary training of other medical professions, and of the psychologists and teachers has not yet been well developed. A main goal of the national federation of parents (FENDIM) is to provide consultation and services.

Education - Throughout the country there are about 150 special schools concentrated in the more densely populated areas. It is estimated that they serve not more than 10% of retarded children needing special schooling. The majority of the existing schools accept only mildly and some moderately retarded children. There is resistance on the part of the public and the education authorities to the idea of integrating special education in the system of general education. There are very few special classes within the regular schools. Some of the difficulties originate in the scarcity of funds for education, in the low population density in rural areas complicating the provision of services, and the lack of public understanding. Nevertheless, during recent years the number of special schools has increased, thanks to the efforts of parent associations.

Work training and employment - Planning for provision of these services is still quite new. In the five public special schools in Buenos Aires vocational training workshops operate after the regular school hours. In some schools in the Province of Buenos Aires (for example, in Beriso), a beginning has been made with placing retarded pupils for training in neighborhood industries. Sheltered workshops, in the technical sense of the term, do not as yet exist, although several such programs are under consideration. Mention should be made of ESFADI, a technical school established by a parent association in the capitol.

Medical Services - Specialized medical attention is available from centers indicated above under Case Finding and Diagnosis.

Residential care-- Until now this has been provided in wards of psychiatric hospitals, or in private institutions, including special boarding schools. The recently established Hospital Infanto Juvenil (see above under Research) includes modern accomodations for the mentally retarded.

Financial assistance - is at present very limited.

Recreation and Leisure Time Programs - are available as an adjunct to day and residential schools, but as yet there are no special programs for the adult mentally retarded.

Research - So far the national or provincial governments have not set aside funds for research, with the exception of the Province of Buenos Aires which recently has established an Office of Research. However, considerable research has been carried on by physicians, psychologists and educators at institutions of higher learning and at the larger hospitals (see above).

Personnel training - Systematic training of teaching personnel is provided by the Department of School Health of the Secretariat of State, Culture and Education in the Instituto Superior de Especialización Docente para la Enseñanza Diferenciada (in the Province of Buenos Aires at calle 2, No. 639, La Plata, and calle Garibaldi 253, Lomas de Zamora), and at the Instituto Cabred in the city of Córdoba. There are also private establishments for preparing special teachers in the capital and in various cities of the interior. The National Universities of La Plata and Buenos Aires have Departments of Special Education (Pedagógia Diferenciada) which function on a high level.

There is no systematic training of medical and psychological professionals in mental retardation. Post-graduate courses are offered in some facilities such as the children's hospitals of Buenos Aires and La Plata.

Planning - There has been no specific planning in prevention, although various legislative proposals have been under consideration.

OTHER INFORMATION FOR VISITORS

Assistance in obtaining information and planning visits can be requested from the following:

Inspección de Pedagogía Diferenciada
Independencia 4248
Buenos Aires

Dirección Técnica General de Asistencia al Escolar
Pizzurno 935
Buenos Aires

Federación de Entidades pro Atención al Disminuido Mental
Corrientes 3454
Buenos Aires

Asociación Argentina para el Estudio Científico de la Deficiencia Mental
Calle José Andrés Pacheco de Melo 2483
Buenos Aires
or directly to the Secretary - Dra. Lydia Coriat,
Hospital de Niños, Gallo 1340, Buenos Aires

School holidays are from approximately December 10 to March 10. A brief winter vacation occurs during the last week of July. The preferable months for visits are April through June, and August through October.

AUSTRALIA

The island continent of Australia has an area of nearly three million square miles and a population of only twelve million. Because of its remote location in the southwest corner of the Pacific, even in this day of rapid travel there is a lack of knowledge abroad about the actual size of the country and its fairly high level of economic, political and scientific life.

Apart from a few thousand surviving aboriginal natives, the people are of European stock (mostly from England, Ireland and Scotland). Owing to the arid condition of the interior, the population lives mainly in the east, south and western coastal areas and the island of Tasmania, and is concentrated in urban centers, of which Sydney and Melbourne are the largest.

A "Western-type" nation and member of the British Commonwealth, Australia has been governed by a Prime Minister and bicameral Parliament since 1901 when the six colonies of New South Wales, Victoria, Queensland, South Australia, Western Australia and Tasmania became a federal Commonwealth. The capital is Canberra which is located in the Australian Capital Territory and is directly administered by the Commonwealth Government, along with the vast Northern Territory, the Territory of Papua and New Guinea and other smaller island areas.

Health and educational services are administered mainly by the States, although the Commonwealth Government has a role in coordination. There are striking variations in mental retardation services from State to State.

Historically, the development of mental retardation programs has resembled what has happened in most other Western nations. The custodial philosophy in previous centuries has left a legacy of large institutions and until the 1950's there were few facilities for the mentally retarded living at home, with the exception of schools for the mildly retarded. Owing, in the first place, to the activity of parents who began organizing at this time, and later to the support of State government departments, there has been a recent and general growth of educational and training facilities in the community, as well as improvements in the residential institutions, both State and private.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Department of Social Services
A.N.P. Building, Hobart Place
Canberra, A.C.T.

Department of Health
Alexander Building, Melrose Drive
Philip, A.C.T. 2606

Department of Labour and National Service
Century Building, 125 Swanson Street
Melbourne, Victoria

Department of Education and Science
Albermarle Building, Philip Offices
Philip, A.C.T. 2604

State: There are corresponding Departments in the Governments of each State.

National planning or coordinating body: None on the Commonwealth level, but many States have some form of coordinating council or committee on mental retardation with representation of both governmental and voluntary agencies.

VOLUNTARY ORGANIZATIONS

With primary concern in mental retardation
Professional:

Australian Group for the Scientific Study of Mental Deficiency (AGSOMD)
Hon. Secretary: Miss M. Caldwell Smith
Grosvenor Hosptial, Summer Hill, N.S.W. 2130

Founded in 1965 following the International Copenhagen Congress on the Scientific Study of Mental Retardation, AGSOMD is one of the most active members of the International Association for the Scientific Study of Mental Deficiency, counting nearly 400 members who represent 18 professional disciplines. In addition to annual national conferences, a quarterly journal is published, and State Branches hold regular meetings and seminars.

Citizen:

Australian Association for the Mentally Retarded (AAMR)
Executive Officer: Mrs. N. Rigby
P. O. Box 380, Kingston, A.C.T. 2604

The Australian Association for the Mentally Retarded was established in 1970 as successor to the more loosely organized 18-year-old Australian Council for the Mentally Retarded. It is a member of the International League of Societies for the Mentally Handicapped and represents the State Associations (as well as the Mentally Retarded Children's Association of the Territory of Papua and New Guinea). In addition to such goals as mutual support, coordination and stimulation of efforts and promotion of better public understanding, an important purpose of AAMR is to bring about recognition on the part of the Commonwealth government of mental retardation as a major national problem, and to secure supportive legislation and financial aid.

Other national voluntary organizations which include mental retardation:

Australian Council for Rehabilitation of the Disabled (ACROD)
National Secretary: Miss J. Garside
403-411 George Street, Sydney, N.S.W. 2000

ACROD's specific concern in relation to the mentally retarded has been in the area of vocational training and employment. Sessions on mental retardation will be held in connection with the 12th World Congress of Rehabilitation International (Golden Jubilee Congress) to be hosted by ACROD the last week in August, 1972, Sydney.

RESEARCH

See Brief Program Notes

PUBLICATIONS

Journals:

Australian Journal of Mental Retardation Editor-in-Chief: Dr. D. W. Maginn P.O. Box 255, Carlton South, Victoria 3053	Quarterly journal of the Australian Group for the Scientific Study of Mental Deficiency

The Australian Medical Journal and the Australian Journal of Psychiatry include occasional articles on mental retardation.

Australian Children Limited Managing Editor: C. H. Watt c/o Minda Home, Brighton, S.A. 5048	Quarterly publication of the Australian Association for the Mentally Retarded (began publication in 1962)

(State associations issue newsletters and other publications of which "Our Children," journal of the Slow Learning Children's Group of Western Australia, has been in existence for 15 years).

Directories:

There is no presently up-to-date directory on the national level, although state listings have been prepared from time to time by various organizations, as, for example, general or specific directories made available by state social service councils or community welfare committees.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, and assessment, consultation to parents - Specialized diagnostic centers can be found in the major cities and in connection with the larger children's hospitals. Such services are still largely unavailable in the less populated areas although specially trained public health nurses are beginning to provide case finding and screening resources. A few of the major centers have travelling diagnostic teams but their outreach is limited in view of the vast distances to be served. Over the years the parents' associations have provided a considerable amount of counselling and parent education. Indeed, the Slow Learning Children's Group of Western Australia startedas early as 1952 the Irrabeena Clinic which is now under cooperative public and voluntary auspices.

Education - Compulsory education has been in force in the Australian States since before the turn of the century and at the present time covers the ages from 6 to 16 in most States. All State Education Departments provide special schooling for the mildly retarded and in 3 States (South Australia, Western Australia and Tasmania) also for the moderately retarded. In the other States classes for these children are privately sponsored, mainly by parents' associations, generally with State subsidy, at least for teachers' salaries. In some instances these schools have started to provide educational services also for more severely handicapped children.

Work training and employment - Some of the schools for the moderately retarded are providing in some areas "transitional education" between 16 and 18 years to prepare for sheltered workshop employment, and mildly retarded adolescents are accepted in vocational schools and rehabilitation centers to a certain extent. Community based sheltered workshops are primarily production oriented. In New South Wales "Aid Retarded Persons" is a voluntary association of sheltered workshops serving the mentally retarded; in most States also there are workshops and rehabilitation centers which serve a variety of disabilities. In recent years vocational and social training programs in residential facilities have been developing along more realistic lines and have, as is the case with the community workshops, been able to place some trainees in open employment, although prevailing community attitudes have limited this effort.

The Commonwealth Employment Service of the Department of Labour and National Service provides through its regional and district offices special assistance to the handicapped persons in selecting and obtaining suitable employment. Their staff visit and consult with sheltered workshops and similar facilities.

Medical care - As in most countries, the orientation to mental retardation given to medical students (if at all) has not been designed to assist them in providing ameliorative services or even health supervision (an exception is the University of Queensland). Some of the major medical centers have specialists in mental retardation. Overall, here too, the large geographical distances create serious problems.

Residential care - Large state institutions of the traditional type can be found in most States, although there is increasing emphasis on developmental activities. "Marsden" in N.S.W. and "Strathmont" in S.A. are recently opened residential centers of modern design. In general, admission is on a voluntary basis up to the age of 16 years, beyond which in at least some of the States admission is governed by the same regulations as apply to the mentally ill. Private residential facilities under religious or non-sectarian auspices are available in most States and their relative independence has enabled some to advance beyond the level of the State Institutions; most do not accept the very severely handicapped.

Community residences for adults (hostels) are being established in increasing numbers by the voluntary organizations, and include a few "farm hostels."

Financial assistance - The Commonwealth Government's Department of Social Services provides cash benefits for maternity, sickness and unemployment and a modest child endowment for children whether living at home or in institutions. Disability pensions are available to those over 16 and in some cases to youth aged 14 and 15. Most Australians belong to one of the non-profit medical benefits organizations which have support from the Commonwealth Department of Health and provide services on a nominal fee basis.

In 1967 the Department of Social Services inititated a direct partnership arrangement with voluntary organizations in the field of vocational rehabilitation. Four avenues of 2:1 subsidy provision are offered ; capital subsidy toward the purchase, construction, alteration or extension of premises for sheltered employment; toward the cost of equipment; toward the cost of rent (up to three years); capital subsidy toward the cost of community residences for persons employed in sheltered workshops. (Approved sheltered workshops in 1970 numbered 132.)

Similar legislation came into operation in 1970 under the Handicapped Children (Assistance) Act providing 2:1 capital subsidy for premises for training and for accommodation of handicapped children and for cost of training equipment. Other proposals for financial aid in provision of services in the community have been before Parliament.

There is a charge for parents for the care of their children in state institutions adjusted on the basis of a liberally applied means test. Some assistance is available toward the cost of care in private institutions and nursing homes, and a few voluntary organizations (as the Far West Children's Health Scheme and the Flying Doctor Program) have funds to help pay transportation costs which can be considerable in the case of families living in the interior.

Recreation - Community recreation for young adults in sheltered workshop programs is as yet rather limited and good programs are more likely found in residential facilities. Some vacation homes and summer camping programs are available, and many children participate in Scout and Guide troops, in separate or integrated programs. The national "water safety" drive has been making swimming instruction available for mentally retarded children and adults in community and in residential facilities.

Research - Australia has been among the first countries to have a well organized national member organization of the International Association for the Scientific Study of Mental Deficiency. The membership of AGSOMD and its journal attest to the quality of interdisciplinary collaboration in research as well as in practice. Among the centers of mental retardation research activities should be mentioned the larger children's hospitals in the state capitals (e.g., the Children's Medical Research Foundation, Royal Alexandra Hospital for Children, Sydney and the Royal Children's Hospital in Melbourne); the various specialized diagnostic and assessment centers such as Grosvenor Hospital in Sydney and Irrabeena in Perth); the Mental Health Research Institute in Melbourne and some research units in residential facilities (e.g., Children's Cottages, Kew, Victoria). Research in these and in university centers has been primarily biologically oriented; behavioral and educational research can be mentioned in the Universities of Queensland and Monash in Victoria.

Association of Apex (Service) Clubs has raised $1,000,000 toward establishment of a Foundation for Research into Mental Retardation which has made awards to individual scientists in such areas as metabolic screening, lead poisoning, genetic risk rates and self-stimulating behavior in autistic, retarded and normal children.

The National Health and Medical Research Council is a high level advisory body to the Commonwealth and State Governments in all health matters and with responsibility in the allocation of research funds.

Personnel training - The majority of disciplines concerned do not provide specialized training in mental retardation. To a certain degree, seminars and meetings of the AGSOMD and its Branches are filling this void.

Residential care staff: three States (Victoria, New South Wales and South Australia) have a 3-year basic nursing training in mental retardation and a 1-year post graduate course for nurses registered in general or psychiatric nursing; Western Australia is unique in offering a career course for residential care staff not based on a nursing model.

Teachers in general are normal teacher-training graduates or kindergarten-prepared and may receive in-service or short-term training. New South Wales gives 1-year supplementary courses at the Balmain Teacher Training College and Victoria prepares teachers for classes for the moderately retarded under the auspices of the Mental Health Authority. An exception is Queensland University where specialized teacher training has been on a post-basic course level.

Planning - Planning in prevention has been particularly evident in such areas as wide use of phenistix testing for phenylketonuria and in maternity hospitals an increasing use of the early blood test. The anti-rubella immunization program is gaining momentum; genetic counselling is available in major cities.

The Commonwealth Senate Standing Committee on Health and Welfare has been taking evidence on the many aspects of problems of handicapped persons; its report is expected to have definite effect on future planning, both on the national and the state levels.

OTHER INFORMATION FOR VISITORS

The Australian Group for the Scientific Study of Mental Deficiency will coordinate details and advise on visits. Departments of Health in each State would be in a position to provide information, and visitors may also contact the Australian Association for the Mentally Retarded.

School holiday periods - Schools and universities have a three-term schedule with the holiday periods varying between States by a week or two. The 1st term begins in February and is followed by 2 to 3 weeks holiday in May; the 2nd term is followed by a 3-week holiday from mid-August through the first week of September; and the 3rd term is followed by the summer vacation from mid-December through the month of January.

AUSTRIA

The federal republic of Austria with 7.3.million inhabitants occupies an area of 32,000 square miles in Central Europe. Almost 90 percent of the population is Roman Catholic. The federal republic is consitituted by the semi-autonomous provinces of Burgenland, Kärnten, Niederösterreich, Oberösterreich, Salzburg, Steiermark, Tirol, Vorarlberg and the capital city of Vienna.

The constitution provides for a parliamentary government. The formal head of State is the President whose office is largely representational and the actual executive power is vested in the Chancellor who presides over the Cabinet but is responsible to the bi-cameral legislature (the upper house being the Bundesrat, and the lower the Nationalrat - Federal and National Councils). Although most of the real government power, including police power, rests with the federal government, the Provinces have considerable responsibility for welfare matters and supervision of local adminstration. Thus while educational and school legislation is principally the prerogative of the federal government, the individual provinces have been entrusted with regulatory and administrative power. Mandatory schooling extends in Austria over 9 years and school is compulsory at the age of 7. Social legislation is also the prerogative of the federal government. However, public assistance is the responsibility of the provinces and there are some differences from province to province in this respect.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

On the federal level

Bundesministerium für soziale Verwaltung Herr Sektionsrat Dr. Herbert Pindur Leiter der Abteilung 33 Stubenring 1 1010 Wien	Ministry for Social Administration Director of Division 33
Bundesministerium für Unterricht Herr Ministerialrat Dr. Karl Knapp Minoritenplatz 5 1010 Wien	Ministry for Education Ministerial counsellor responsible for the special education system.

On the provincial level

The federal administration offices located in each province have certain sections concerned with social welfare and thus also with the problems of mental welfare services.

Other agencies exist on the provincial level which may be concerned with planning as well as with actual provision of services. An example is the

Arbeitsvereiningung der Fürsorgeverbände Kärntens p. A. Kärntner Landsregierung Arnulfplatz 1 9010 Klagenfurt	Coordinating Council of Welfare Organizations in Carinthia c/o Carinthian Federal Office

This agency also includes district and commune membership; in the rehabilitation field it promotes early identification and treatment through examination by specially trained physicians of school children (and many pre-school children), it maintains a rehabilitation home for physically handicapped children in Hermagor and a special kindergarten with a residential unit for mentally retarded children at Gutenbergstrasse 9, Klagenfurt.

Planning and coordination

National problems of the handicapped are included in the work of the coordinating council for public welfare and child protection services (Arbeitsgemeinschaft für offentliche Fürsorge und Jugendwohlfahrtspflege in Österreich).

VOLUNTARY ORGANIZATIONS

With primary concern for mental retardation

Professional

Arbeitsgemeinschaft für Heilpädagogik — Council for Curative Education
Präsident: Prof. Dr. H. Asperger
Universitäts Kinderklinik
Lazarettgasse 14
1090 Wien

Members of this organization are special school teachers, physicians, psychologists, social workers, child care workers in residential homes, and officials of youth welfare services. It has branches in five provinces and the city of Vienna and supports the International Society for Curative Education (Orthopedagogy).

Citizen

Interessengemeinschaft "Lebenshilfe für geistig Behinderte" — National Association for the Mentally Handicapped
Präsident: OSR. Dir. Karl Ryker
Hahngasse 8
1090 Wien

This parent sponsored association which is actively supported by professionals in the field was founded in 1963 by the union of the associations in Vienna, Graz and Klagenfurt, now has branches in all provinces, and is a member of the International League of Societies for the Mentally Handicapped. Annual conferences are held and national fund raising and information efforts have been inaugurated. Through the branch associations numerous direct services have been started such as special kindergartens, day care centers, and sheltered workshops. A residential community for adults is under construction by the national association.

Others which include mental retardation

Österreichische Caritaszentrale — Austrian Caritas Central Organization (Union of Roman Catholic Diocesan Welfare organizations) maintains school and care homes.
Nibelungenstrasse 1 - 4
1010 Wien

Diakonisches Werk für Österreich c/o Prof. Dt. Zerbst, Universität, Wien Dr. Karl Luegerring 1 1010 Wien	Protestant welfare organization maintains a home for profoundly retarded.
Verein zur Einrichtung von Ausbildungsheimen für behinderte und gefährdete Jugend - Erhard-Bartsch Heim "Wurzerhof" 9300 St. Veit/Glan, Kärnten	Anthroposophic association for residential/agricultural training of handicapped and socially endangered youth.
Österreichischer Fürsorge- und Wohlfahrtsverband "Volkshilfe" Wien	Austrian Welfare Association"Volkshilfe"
Österr. Gesellschaft "Rettet das Kind" Pouthongasse 3 1150 Wien	Austrian "Save the Children" Society
Arbeitsgemeinschaft für Rehabilitation Chiemseehof 5020 Salzburg	Rehabilitation Council

RESEARCH

Research in both the medical and behavioral aspects of mental retardation is being carried out under leadership of Professor H. Asperger, University of Vienna (Lazarettgasse 14) and in the Brain research Institute of the Childrens Department, Lainz Hospital, under the chairmanship of Prim. Univ. Doz. Dr. Andreas Rett, Versorgunsgsheimstrasse 1
1130 Wien

PUBLICATIONS

Heilpädagogik	Austrian Council for Curative Education: monthly supplement to the journal Erziehung und Unericht issued by the Ministry of Education-
Pädiatrie und Pädologie	Springer Publications Journal, Wien - Berlin
Lebenshilfe	Quarterly journal of the National Association for the Mentally Handicapped.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents,
Early identification takes place mostly through general practitioners and medical specialists and is facilitated by the fact that 75% of all infants are seen in Mothers' Counselling Services (well-baby clinics). There is no mandatory registration with regard to mental retardation. Plans are underway

for a program of preventive examinations. In the Province of Kärnten a system of consultation and pedagogical guidance for parents of handicapped infants ("Amulante Erziehungshilfe für das behinderte Kleinkind") with counseling which takes place weekly in the rural districts has been organized by the Verein Lebenshilfe. The counseling service for mothers is supplemented in Kärnten by regular free medical examinations especially in the schools.

Early treatment of mentally handicapped children is also available in the following places:

Kinderabteilung des Krankenhauses Lainz
Versorgungsheimstrasse 1
1130 Wien, Director: Prim. Univ. Doz. Dr. Andreas Rett

Heilpädagogiche Abteilung des Landeskrankenhauses
St. Veiterstarasse 47
9020 Klagenfurt, Director: Prim. Univ. Doz. Dr. Franz Wurst

Kinderstation der Heil - und Pflegeanstalt Graz-Feldhof
Steiermark, Director: Dr. Alois Nievoll

Also in the Heilpädagogischen Abteilungen (Curative Education Divisions) of Pediatric Departments, e.g. in the University Hospital of Vienna, and in the cities of Salzburg and Graz.

Education - Since 1966 school is compulsory for 9 years for all children, including mentally retarded children for whom Austria provides two types of schooling: the special school for slow learners, and the special school for severely handicapped children. Austria reported to UNESCO for its 1967 Directory 103 schools and 1108 classes attached to regular schools, all serving mentally retarded children.

Children with cerebral palsy may be admitted to special schools for the physically handicapped. Most of these are special boarding schools. Special schools for deaf-mute and hard-of-hearing children, for blind, visually handicapped, and those with speech problems have special classes for intellectually handicapped children. In a few cities there are special kindergartens which accept intellectually handicapped children, such as in Vienna and Klagenfurt.

Work training - Most of the work-training facilities in Austria have been established and are run by the Lebenshilfe society. Training centers are functioning in Vienna, Graz (Steiermark), and in the Vorarlberg. The association "Jugend am Werk" also operates an institution near Vienna which includes a shltered workshop. Centers for therapy as well as work training programs have been established in the Province of Salzburg in cooperation between the "Arbeitsgemeinschaft für Rehabilitation" in Salzburg and "Rettet das Kind" in Oberösterreich. Steiermark has established a training home for all types of handicapped youth at Gratz.

Residential care - In 1969 a total of 14 institutions catered to the mentally retarded child and adolescent. These institutions are supported almost exclusively by private church organizations, the largest number by the Catholic organization Caritas. There exist also State institutions for the retarded, known as Heil-und Pflege-Anstalten, (Institutions for Care and Therapy).

Medical care - As yet there are few physicians who have specialized in mental retardation. Altogether the number of specialists such as pediatricians or neurologists is limited. However school physicians who annually examine all children in schools and kindergartens, find the problem of the mentally retarded child frequently on the agenda of their post graduate training sessions.

Financial assistance - Austria has a family allowance plan which provides that child benefits are continued indefinitely if the child is disabled and his earnings do not exceed $27 a month.

Other statutory provisions offer to mentally retarded individuals assistance with education, vocational training, occupational therapy, prosthesis and medical treatment. However, lack of funds has put a limit on all this.

Recreation - Recreational programs can be found particularly in the day care centers (Sonderhorte) in the larger cities. The association Lebenshilfe in the Steiermark province has vacation programs for retarded children in which mothers can be included and Klagenfurt has provided holiday camping.

Research - Main centers of research are the Children's Hospital of the University of Vienna (Professors Asperger and Thalhammer) and the Ludwig-Baltzmann Institute for Brain Research in the Children's Department, Vienna City Hospital (Professor Rett).

Personnel training - Training of special education teachers is still limited to a three months' postgraduate course under sponsorship of the Ministry of Education but extension of this program is under consideration.

Child care workers in residential facilities for mentally retarded children undergo a training program that lasts over a 3 year period and is carried on in special training sessions lasting two to five days and being sponsored either by local school authorities or child welfare agencies.

Coordination - The Council for public assistance and youth welfare (Arbeitsgemeinschaft für öffentliche Fürsorge und Jugendwohlfahrtspflege) is a joint forum of the Provinces for the purpose of discussion of important problems, exchange of experience and coordination of legal steps in such matters. The chairman is selected on a rotating basis.

The Executive Council of the society Lebenshilfe für Geistig Behinderte discusses, at its regularly scheduled sessions with representation from all provincial societies, the need for facilities and services for mentally retarded children and adults, provides guidelines and organizational assistance and confers with governmental agencies on the federal and provincial level.

OTHER INFORMATION FOR VISITORS

Requests for information and assistance in planning visits should be addressed to

Frau Dr. Carola Neudorfer-Redlich
Bundesministerium für Soziale Verwaltung
Stubenring 1
1010 Wien, Austria

or to any of the governmental agencies listed in this report.

Summer vacations last in Austria two months but the provinces differ as to the beginning and end of the vacation period. The approximate dates are from July 1 to September 10.

BELGIUM

Area 11, 781 square miles; population 9.5 million; government - parliamentary democracy under a constitutional monarch. The official languages are French and Flemish (related to Dutch). Geographically and culturally Belgium is at the crossroads of Europe, divided ethnically today into the French-speaking Walloons in the south, representing 34% of the population, and the Flemings (50%) in the north, with the mixed population in Brussels representing the remaining 16%. Agriculture accounts for only about 6% of the gross natural product in this country, one of the world's densest population and industrial centers, with full employment and high standards of living. The predominant religion is Roman Catholicism.

GOVERNMENTAL AGENCIES WITH DEFINITE MENTAL RETARDATION RESPONSIBILITIES

Ministries

Ministère de la Santé Publique Cité Administrative de l'Etat Quartier Vésale 20, rue Montagne de l'Oratoire Bruxelles 1	Ministry of Health

in charge of residential institutions (internats)

Ministère de l'Education Nationale 155, rue de la Loi Bruxelles 4	Ministry of Education

in charge of special education

Ministère du travail Fonds National de Reclassement Social des Handicapés 2, boulevard St. Lazare Bruxelles 3	Ministry of Labor Fund for social rehabilitation of the handicapped
Mr. Maron, Administrateur-Directeur	Director

in charge of help for rehabilitation and financial help to sheltered workshops. Works for all categories of handicapped persons.

Ministère de la Prevoyance Sociale 123, rue Royale Bruxelles	Ministry of Social Welfare

gives increased family allowances to families having a mentally handicapped child.

A Conseil Supérieur des Handicapés (i.e., a Special Commission) has been formed by that Ministry to study all social problems of the handicapped, mentally and physically. (See page 2)

Ministère de la Famille et du Logement   Ministry for the Family
30, rue Joseph II
Bruxelles 4

has so far little responsibility in the field of mental retardation but has formed a special commission for the study of problems of families with a handicapped child.

Semi-official agencies

Oeuvre Nationale de l'Enfance   National Child Agency
67, Avenue de la Toison d'Or
Bruxelles

Subsidized by the State (through the Ministry of Health)

Activity in Mental Retardation: case finding and PKU detection in its well baby clinics that reach a great majority of the babies born in the country.

Provincial agencies

Au service des Handicapés de la Province de Namur
22, avenue Astrid
Namur

an organization subsidized by the province of Namur for the help of all handicapped.

Intercommunale voor Gehandicapten Zorg
Dr. Willemsstraat, 83
Hasselt

an organization subsidized by the province of Limburg for the help of all handicapped.

A National planning body has been formed by the Ministry of Social Welfare:

Conseil Supérieur des Handicapés
123, rue Royale
Bruxelles 1

Président: M. Dillemans   Chairman

it includes representatives of the various ministries interested in the handicapped and representatives of private and voluntary bodies interested in the handicapped. It works for all categories of handicapped persons.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Professional:

Groupe Belge d'Etude de
l'Arriération Mentale
12, rue Forestière
1050 Bruxelles

Belgian Association for the
Scientific Study of Mental
Deficiency

Affiliated with the International Association for the Scientific Study of Mental Deficiency.

Citizen:

Association Nationale d'Aide
aux Handicapés Mentaux
Nationale Vereniging voor
Hulp aan Verstandelijk
Gehandicapten
12, rue Forestière
B-1050 Bruxelles

National Association for the
Mentally Handicapped

One of the founding members of the International League of Societies for the Mentally Handicapped, the Association celebrated its 10th anniversary in 1969 with a membership of over 6,000 in 22 branches throughout the country. It has promoted changes in social and financial legislation, provided continuous parent counselling and public education, and has the official patronage of Queen Fabiola.

Including mental retardation

Ligue Belge d'Hygiène Mentale
12, rue Forestière, Bruxelles 5
Belgian Association for Mental Health

Ligue National d'Aide aux Paralysés Cérébraux
90, chaussee de Vleurgat, Bruxelles 5
(cerebral palsy)

Ligue National Belge contre l'Epilepsie
82, chaussee de Vleurgat, Bruxelles 5
(epilepsy)

Ligue Nationale pour Handicapés
Abbaye d'Aulne - Gozée
National Association for Handicapped

(a federation of a group of institutions)

RESEARCH

Research on various aspects of mental retardation is carried on in all four universities (Brussels, Louvain, Ghent, Liège) and at the Bunge Institute in Antwerp but there is no research institute with a major interest in mental retardation.

PUBLICATIONS

The Association Nationale d'Aide aux Handicapés Mentaux publishes a bilingual quarterly: AMENTIA. There is no Belgian professional journal specifically on mental retardation.

Directories

The Ministry of Health (Cité Administrative de l'Etat, Quartier Vésale, 20, rue Montagne de l'Oratoire, Bruxelles 1) issues a stencilled list of institutions.

The "Fonds de Reclassement Social des Handicapés" (fund for social rehabilitation of the handicapped) Ministry of Labor
2, boulevard St. Lazare, Bruxelles 3
issues a stencilled list of sheltered workshops.

The Ministry of Education
155, rue de la Loi, Bruxelles 4
issues irregularly a stencilled list of special schools and special classes.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Early case finding can be done through the well baby clinics of the "Oeuvre Nationale de l'Enfance" which serves over 80% of all newborns.
The programme of PKU detection with the Guthrie test is developing very well.
At least 1/4 of all newborn babies are now tested.

Diagnosis and assessment - There is a fairly good number of clinics for assessment but where not much attention is given to the medical aspect; most are primarily concerned with the mildly retarded. There is a multidisciplinary diagnostic clinic at the University Hospital in Brussels.

Education - The network of day schools for the mildly, moderately and severely retarded is increasing rapidly but is still incomplete. There are separate schools or special classes in ordinary schools.
A great many children are still educated in private residential schools but the State pays the salary of one teacher for twelve pupils; tuition is free. A shortage of trained personnel exists.
There are two schools systems, the official one and the Catholic one plus a very few other private schools.

Work training - There are vocational training schools but their number is still greatly insufficient (88).

Employment - There are now 59 sheltered workshops either only for mentally handicapped or for both physically and mentally handicapped.
The first sheltered workshop for mentally handicapped was created in 1960.
No special provision exists for the job placement of mildly retarded.

Medical care - No special program.
The great majority of the retarded use the same medical facilities as the other children and adults.

Residential care - There are 67 residential institutions for children, primarily small (rarely exceeding 300 beds), many being boarding schools for mildly retarded. Some are under provincial authorities but most are private, a large number are run by religious orders. The State pays teachers' salaries and 60% of building costs.
The majority of the adults are taken care of in the general psychiatric institutions. Only recently have some small residential hostels been developed.

Financial assistance - increased family allowance to families with a handicapped child.
Financial state assistance for the board in institutions.
Schooling free.
Compulsory wages in sheltered workshops: 16,-B.F. per hour.
State financial assistance is given for this purpose to the workshops.
A small financial assistance is given to families who keep a retarded adult at home (30,-B.F. a day).

Recreation - Programs for recreation have developed only recently under the impulse of the parent association. There are now several clubs for retarded men and women, scouting for retarded children, day camps during the Summer vacation and Summer camps even for very severely and profoundly retarded children.

Research - There are only small programs primarily carried on by individual scientists in the universities including, in the biochemical field, work on metabolic disorders at the University of Louvain, Ghent, Brussels and Liège; genetics and epidemiological studies at the University of Brussels and chromosomal research at the University of Louvain.
Dr. L. Van Bogaert's work at the Institute Bunge has made Antwerp an international center for neurological research.
At the University of Louvain is also a Center for Educational Research.

Personnel training - The training of special teachers is considered very limited and is mainly done by evening courses for people already on the job, although the Universities of Louvain and Ghent have started graduate courses in special education in October, 1965.
No special training for other personnel working with the retarded.

Planning -

New law on special education
Financial help to retarded adults
Legislation on prolonged minority
State support for building of hostels for adults

OTHER INFORMATION FOR VISITORS

This can be asked from the

Ministère des Affaires Etrangères (Ministry of Foreign Affairs)
2, rue des Quatre-Bras,
Bruxelles 1

also at the

Ministère de l'Education Nationale et de la Culture - Direction des Relations culturelles Internationales (Ministry of Education - Direction of international cultural relations)
158, av. de Cortenbergh
Bruxelles 4
Mr. G. Verecken

Visitors will be directed to the individuals or private organizations concerned with their special interest.

School holiday periods

December 23 - January 3,
generally one week before and one week after Easter,
July and August.

BRAZIL

Brazil is the largest nation in South America in population (nearly 90 million) and in area (3,286,478 square miles - greater than the continental U.S.A.). It is divided into four distinct regions, the underdeveloped tropical basin of the Amazon River, the semi-arid scrub land of the northeast, the agricultural and mineral heartland of the south-central plains and uplands, and the narrow humid southern coastal belt. Brazil possesses innumerable natural resources but many have not yet been explored.

A Portugese colony until 1822 when independence was proclaimed, Brazil became a Republic in 1889. The government consists of a president and a bicameral congress. A new constitution was adopted in 1967. There are 22 states, 4 territories, and the Federal District of Brasilia. The basic ethnic group is Portugese, with important and largely assimilated African and some American Indian components. During this century there has been considerable immigration, chiefly to the central and southern regions, from Italy, Spain, Germany and Japan. Despite class differences, national solidarity is strong, with language and religion (Portugese and Roman Catholic) unifying factors.

Brazil is a country of striking contrasts. São Paulo, with more than 6 million inhabitants in the capital city alone, and Rio de Janeiro, with 5 million, are metropolitan areas with ultra-modern skyscrapers and heavy industry, whereas in the arid areas of the northeast, with one-third of the country's population, extreme deprivation and, indeed, starvation exists. The large cities attract an increasing immigration resulting in serious economic pressure and the development of vast slum areas (favelas) lacking in schooling and sanitation.

Brazil has a social security program administered by the Ministry of Labor and Social Welfare through the National Social Welfare Department. Coverage for old age, invalidity, death, sickness and maternity is set up under different systems for different types of workers. Family allowances are to some extent provided through an employment-related system.

Primary education is free and compulsory and is a state, rather than a federal responsibility. Consequently, arrangements for special education vary from state to state.

The movement in favor of the mentally deficient in Brazil began forty years ago with the foundation of the first Pestalozzi Society, concerned with education of all handicapped children. In 1954, in Rio de Janeiro, the first Association of Parents and Friends of the Mentally Handicapped (APAE) was founded, followed by others throughout Brazil, now 130 in number.

The laws of 1961 and 1964 define the rights and services for the mentally retarded to be carried out by the several states. In 1966 the State of São Paulo, for example, created the Special Education Service (Serviço de Educaçao Especial), to study, plan and execute educational programs for mentally retarded children. Public schools are obliged by this law to have special classes for children below normal intelligence. In 1967 there were 376 special classes in the State of São Paulo alone, serving 4,351 mentally retarded children.

Implementation of laws is stimulated, supervised, and to some extent subsidized by the following central government agencies

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministério de Educação e Cultura Campanha Nacional de Educação e Reabilitação de Deficientes Mentais (CADEME) Diretor-Executivo - Cel. J.C. Maes Borba Palácio da Cultura Rio de Janeiro	(Ministry of Education and Culture) (National Campaign for Education and Rehabilitation of the Mentally Retarded)
Ministério da Saúde Departamento Nacional de Saúde Serviço Nacional de Educação Sanitaria Rua Coehol Castro, 6 Rio de Janeiro	(Ministry of Health) National Department of Health (National Service for Health Education)
Serviço Nacional de Doenças Mentais Av. Pasteur, 296 Rio de Janeiro	(National Service for Mental Diseases)
Fundação Nacional do Bem-Estar do Menor Dr. Mário Altenfelder, Presidente Ministério da Justica Rio de Janeiro	(National Foundation for Child Welfare)
Ministério do Trabalho Instituto de Providencia Av. Presidente Antonio Carlos, 251 Rio de Janeiro	(Ministry of Labor)

Planning and Coordination

Comissão Interministerial para o Combate à Deficiência Mental Palácio da Cultura Rio de Janeiro	(Interministerial Committee for Combating Mental Deficiency)

On the state level, similar agencies, in cooperation with the education authority (Secretaria de Educação),are concerned with planning and coordination.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Professional

Associação Brasileira paro o Estudo Científico da Deficiência Mental (ABDM)
Rua Itapeva, 490
São Paulo

Presidente - Dr. Stanislau Krynski

(Brazilian Association for the Scientific Study of Mental Deficiency)

Founded in 1965, one of the early active members of the International Association for the Scientific Study of Mental Deficiency, it provides leadership through publications and its annual multi-disciplinary conference.

Citizen

Federação Nacional das Associaçãoes de Pais e Amigos
dos Excepcionais
Rua Itapeva, 490 - 7°
São Paulo

(Federation was organized in 1960 and now unites 130 local and state associations; it holds biennial meetings and works closely with the Brazilian Association for the Scientific Study of Mental Deficiency. Since 1966 the Federation has held membership in the International League of Societies for the Mentally Handicapped.

Other Organizations which Include Services to the Mentally Retarded

Sociedade Pestalozzi do Brasil
R. Gustavo Sampaio, 29
Rio de Janeiro

(Pestalozzi Society of Brazil)

Founded in 1932 in the State of Minas Gerais by Helena Antipoff, the Society, with units in many parts of the country, has made a significant leadership contribution in the field of exceptional children in providing services, in teacher training, and in public information. There has been mutual cooperation between the Society and the other organizations concerned with mental retardation.

Sociedade Brasileira de Paralisia
Cerebral
Instituto Maria José
Director - Dr. Pinto Duarte
Petrópolis

(Brazilian Society of Cerebral Palsy)

Associacão Brasileira de
Neuropsiquiatria Infantil
President - Dr. A. Lefèvre
Rua Itapeva, 500,
São Paulo

(Brazilian Association of Child Neuropsychiatry)

RESEARCH

Campanha Nacional de Educaçao e
Reabilitação
de Deficientes Mentais (CADEME)
(See address above)

(National Commission for Education and Rehabilitation of the Mentally Retarded)

PUBLICATIONS

Revista da ABDM	(Brazilian Association for the Scientific Study of Mental Deficiency Journal)
Boletim da Sociedade Pestalozzi	(Pestalozzi Society Bulletin)
Mensagem da Federacao Nacional das APAEs	(Message - National Federation of APAEs)

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - The Ministry of Health, through the National Service of Mental Diseases (Serviço Nacional de Doenças Mentais) is responsible for several children's psychiatric hospitals and mental health outpatient clinics. The national parent's association (APAE) and its branches throughout the country provide extensive parent consultation, as do also the Pestalozzi Societies.

Education - All mentally retarded children have the right to special education. There are kindergartens in many parts of Brazil, besides special classes in ordinary schools which are largely limited to slow learners and mildly retarded children. Most of the schools for the moderately retarded are funded under voluntary auspices,such as the Pestalozzi Societies, the APAEs, individual educators or physicians, and are mainly in the urban areas. While real progress in providing services has been made in the last decade, both in the public and private sector, the percentage of retarded children receiving education is still minimal, and indeed it is estimated that perhaps 30% to 40% of all Brazilian children are still without schooling, although complete national statistics are not available.

Work training and employment - As yet there has been a limited development of vocational training and sheltered workshop services, although some pioneering facilities are available, e.g. the program of the Sociedad Pestalozzi in Rio de Janeiro. SURSEPS (Vocational Rehabilitation Service, Ministry of Labor) promotes the establishment of facilities for evaluation, counselling, training and sheltered work and placement for the disabled in general. (Primary concern has been with the physically handicapped but now includes some mentally retarded.)

Medical care - An example of services in a more highly developed area, e.g. the city of Sao Paulo, is of interest, where there are available such specialized agencies as CLIDEME -- Clinica de Diagnostico e Terapeutico dos Disturbios do Disenvolvimento -- (Diagnostic and Therapeutical Clinic of Mental Development Disorders), and Universidade Federal de São Paulo - Departamento de Pediatria (Federal University of São Paulo, Pediatrics Department), Rua Napoleão de Barros, 678, São Paulo.

Residential care - Besides the traditional overcrowded wards for the mentally retarded in hospitals for the mentally ill, residential care is provided in a limited number of small boarding schools and homes under private auspices, as the APAEs, the Pestalozzi Societies and private individuals.

Financial assistance - Funds have been made available by the Ministry of Education, through CADEME (see above) for numerous special and ongoing programs. Other financial support comes from various official agencies of the States and, to a limited extent, the universities (for research). The Federation of APAEs depends primarily on public fund raising; the Brazilian Legion of Assistance (Legião Brasileira de Assistência) has been an important source of aid to specific institutions for residential care.

Research - A considerable amount of basic and applied research (primarily bio-medical) is carried on under university auspices, for example, research on mongolism carried on at CLIDEME (diagnostic and treatment clinic jointly sponsored by São Paulo APAE and Escola Paulista de Medicina) by a large team of researchers, from the geneticist to the pedagogue, in an attempt to study as thoroughly as possible individuals afflicted with Down's syndrome, to try and establish relationships between bio-medical factors and mental abilities. The leader of the team is Dr. Stanislau Krynski. Other research is done at Faculdade de Medicina de Botucatú (Universidade de São Paulo) under the general supervision of Dr. Fernando Nóbrega on the relationship between anoxia and cerebral lesion leading to mental deficiency. Incidence surveys have been made in the 1930s and 1960s by the Instituto Superior de Educação Rural (Professor H. Antipoff), Belo Horizonte, M.G. CADEME supports research in the education and behavioral fields.

Personnel training - On the State level there are specialized training facilities and programs for teachers, both public and private, as well as for psychiatric social workers, recreational supervisors, and other full-time personnel. The Pestalozzi Societies have pioneered in this field and have recently been requested to prepare teacher training curricula standards by the Ministry of Education.

Planning - The governmental agencies are responsible for the planning of educational and care programs for the mentally retarded. The voluntary organizations are active in pressing for extension of services and in providing consultation to official agencies.

OTHER INFORMATION FOR VISITORS

Requests for information and assistance in planning visits can be directed to:

Campanha Nacional de Educação e Reabilitação de Deficientes
Mentais (CADEME)
Palácio da Cultura
Rio de Janeiro

Federação Nacional das Associaçãoes de Pais y Amigos
dos Excepcionais (Federaçao Nacional das APAEs)
Rua Itapeva, 490 - 7°
São Paulo

Associação Brasileira para o Estudo Científico
da Deficiência Mental (ABDM)
Rua Itapeva, 490
São Paulo

Sociedade Pestalozzi de Brasil
Rua Gustavo Sampaio , 29
Rio de Janeiro

School holidays - during Easter Week, the entire months of December and January until mid-February, and the month of July.

BULGARIA

Area: 42,729 square miles; population: 8,258,000; government: socialist peoples republic. Ethnically 88% Slavic, with a small Turkish minority, Bulgaria has changed since 1947 from a predominantly agricultural country to one in which more than half the labor force is employed outside agriculture and industrial output has developed strongly. Elementary education is free and obligatory from 7 to 14 years of age. There are twenty-one universities and colleges.

GOVERNMENTAL AGENCIES WITH MAJOR RESPONSIBILITY FOR MENTAL RETARDATION

Ministries

Ministry of Public Education
bul. Stambolijsky 18
Sofia

Ministry of Health and Social Welfare
Pl. Lenin
Sofia

In each district, county and city, the Councils of Public Education are responsible for implementing services, partly dependent on the Ministries listed.

Planning is carried out by the Ministry of Education.

Voluntary organizations specifically concerned with the mentally retarded do not exist, but an organization which includes concern for them is the

Red Cross
u. Biryusov 1
Sofia

RESEARCH

The Section of Psychology and Defectology in the Pedagogical Institute of the Ministry of Public Education is specifically responsible for research in mental retardation.

Other governmental research institutes which include the study of mental retardation are:

The Scientific Institute of Pediatrics
ul. D. Nestorov, 11
Sofia

The Psychoneurological Institute
Fotrh Kilometer
Sofia

PUBLICATIONS

Narodna prosveta
P.O. Box 212
Sofia

Savremena Medizina
pl. Slavejkov, 11
Sofia

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Diagnosis and assessment is carried out in schools, psychiatric dispensaries and consultation centers for parents and children. Children showing anomalies in their intellectual development are given a medico-pedagogical examination, usually carried out in auxiliary schools for mentally deficient children by a board consisting of the principal of the school, a psychoneurologist and a specialized educator (defectologist).

Education - Auxiliary (special) schools must be provided by the district Councils where there are at least thirty children needing special education, or auxiliary classes in ordinary schools where there are at least eight such children. Children living in places where there are no auxiliary classes are sent to boarding homes attached to auxiliary schools. In general, borderline cases attend "temporary classes", mildly retarded (debiles) go to auxiliary schools, moderately and some severely retarded are educated in special institutions. Mentally deficient children of pre-school age are sent to special kindergartens. Each auxiliary school has a parents' committee, with the aim of enlisting the collaboration of the family by giving parents the necessary educational information.

Work training and employment - Auxiliary schools provide basic elementary vocational training in manual work. In boarding schools in rural areas agricultural training is stressed. Pupils leaving auxiliary schools may be admitted to special enterprises organized by the Ministry of Health and Social Welfare.

Medical care is free in all hospitals and schools.

Residential care - As noted above, boarding homes are attached to some auxiliary schools for debiles. The special institutions for imbeciles and sheltered homes for idiots are under the direction of the Ministry of Health and Social Welfare. To the extent possible, emphasis is put on work training.

Research - see previous item.

Personnel training - Until 1959 teachers for the auxiliary schools were trained in a teachers' training college (two-year study after the secondary school) where they specialized in the education of mentally deficient children. They now take a four year university level course at the Pedagogical Department, University of Sofia, where psychologists also have special training in the field. The salaries of special teachers and supervisors are 15% higher than in the ordinary schools.

Planning is done on the national level.

OTHER INFORMATION FOR VISITORS

The Committee of Friendship and Cultural Relations
bul. Dondoukov
Sofia

arranges visits on the basis of cultural agreements with various countries.

Further information is available also from the Departments of Cultural Relations in the Ministry of Education and the Ministry of Health and Social Welfare.

School holiday periods last from the 1st of July until the 15th of September.

CANADA

Area - 3,851,809 square miles; population - 20,334,000; government - parliamentary confederation of ten provincial governments, an independent member of the British Commonwealth. The two territories, Yukon and Northwest, administered by the Federal Government, consist of 40% of the land with about 0.2% of the population. Most Canadians live within 200 miles of the southern border; about 44% are of British stock and 30% of French descent, concentrated mainly in the Province of Quebec. Manufacturing, mining, agriculture, fishing and forestry are the main occupations, the first having expanded so rapidly during the past two decades that the nation can now be considered primarily an industrial urban society. Recent developments in comprehensive social welfare planning include compulsory old-age, disability and survivors insurance, family and other social allowances, hospital and health care, with responsibility generally shared between the Provinces and the Federal Government.

GOVERNMENTAL AGENCIES WITH PRIMARY MENTAL RETARDATION RESPONSIBILITY

The Department of National Health and Welfare, Ottawa

The Department of Manpower and Immigration, Ottawa

Each of the ten Provincial Governments provides services for the mentally retarded under the following departments:

The Department of Education
The Department of Public Health
The Department of Social Welfare

The Federal Government provides financial aid but in general does not administer health or welfare services and has no jurisdiction in the education area.

National planning or coordinating body

There is no one governmental planning and coordinating body for mental retardation. However, under the aegis of the Department of National Health and Welfare, there are advisory councils and committees (on mental health, maternal, child health, etc.) which are charged with coordination and planning on the Federal-Provincial level.

The Canadian Association for the Mentally Retarded in many respects acts as a planning and coordinating body. It has advisory bodies with representatives from Provincial and Federal governments on various committees. CAMR's provincial divisions likewise coordinate their work with provincial governments. A National Institute on Mental Retardation is being developed by CAMR which, with voluntary and governmental support, will serve as a central hub for program development, public education and research in this field.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Professional: see below

Citizen: Canadian Association for the Mentally Retarded
149 Alcorn Avenue
Toronto 7, Ontario

CAMR is a federation of nine Provincial Associations, each with its own officers, board of directors, Professional Advisory Council and Board of Honorary Governors. Its national officers, directors, professional advisors and honorary governors are drawn from all parts of the country and act for the Provincial Associations in dealing with Federal Government and other national matters. Approximately 25,000 members (parents of the retarded, interested citizens and professional workers) are united in the 323 local branches. CAMR joined the International League of Societies for the Mentally Handicapped in 1963.

Members of CAMR's Research Committee represent Canada in the International Association for the Scientific Study of Mental Deficiency.

Many workers in mental retardation belong to the American Association of Mental Deficiency and the Council for Exceptional Children, National Education Association, (U.S.A.).

Other national voluntary organizations concerned with mental retardation

On an informal basis, certain other national organizations include mental retardation in the same way that CAMR serves multiple handicaps in its programs. CAMR has joined forces with five other national bodies to establish a Joint Commission on Emotional and Learning Disorders in Children. These are:

The Canadian Education Association
The Canadian Welfare Council
The Canadian Committee on Children & Youth
The Canadian Mental Health Association
The Canadian Rehabilitation Council for the Disabled

RESEARCH

The Department of National Health and Welfare makes available a number of grant funds for research in mental retardation as does also the Medical Research Council. Research relating directly or indirectly to mental retardation is carried out in many universities, a major emphasis still being in the biomedical areas. One of the outstanding examples of cooperative work between university and community agency is that of the Children's Psychiatric Research Institute in London, Ontario (opened in 1960 under the aegis of the Ontario Department of Health, Mental Health Branch) and the University of Western Ontario.

CAMR, which has an active Research Advisory Committee of distinguished scholars in the biological and social sciences, together with its provincial associations, as well as some of the larger local units, have supported research studies. Since 1963, with the launching of the CAMR Centennial Crusade program, there has been greatly increased emphasis on research developments. Of the fourteen Centennial Projects sponsored by CAMR and its provincial associations, the following have a specific research involvement:

The British Columbia Mental Retardation Unit,
University of British Columbia, Vancouver, British Columbia
(six research teaching chairs in six faculties)

The Institute for the Study of Mental Retardation,
University of Alberta, Edmonton, Alberta
(interdisciplinary research in learning processes and teaching methods for pre-school retarded)

The Alvin Buckwold Mental Retardation Unit,
University of Saskatchewan, Saskatoon, Saskatchewan
(research, teaching and consultative services)

Adult Training and Research Centre for the Retarded
Metropolitan Toronto, Ontario
(nation-wide workshop staff training, experimental work training for the retarded)

The Education Research Centre, Montreal, Quebec
(teacher training and research in curriculum development)

Atlantic Research Centre for Mental Retardation
Dalhousie University, Halifax, Nova Scotia
(detection and prevention research)

The Kinsmen National Institute on Mental Retardation
York University, Toronto, Ontario
(This Institute will function as a national library and reference service, as a technical and scientific information bank, and as a coordinating center for the research efforts of the Centennial Projects to assure their national impact.)

PUBLICATIONS

Journals

Déficience mental / Mental Retardation
Bilingual quarterly publication of CAMR
149 Alcorn Avenue, Toronto 7, Ontario

Canada's Mental Health
Bi-monthly journal, includes mental retardation
Department of National Health and Welfare, Ottawa

Directories

Individual Provinces have, at times, produced directories; many local mental retardation organizations have directories of their own services. CAMR maintains a master list of services but does not publish a formal master document. (A report on "Residences for Retarded in Canada, 1966-1967" may be obtained from CAMR's Library and Reference Service at 50¢ per copy.)

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, and consultation to parents is provided through the established health, welfare and education services such as mental health clinics, educational diagnostic services and a growing number of specialized centres. Quantity and quality of these sources is gradually improving.

One of the CAMR Centennial Projects, the E. J. Umphrey Program Development Centre for the Handicapped (Brandon, Manitoba) is developing model regional services in thinly scattered population areas, while the Prince Edward Island Home Strengthening Service Project for the Retarded (Charlottetown, P.E.I.) aims at minimizing need for institutional care in a rural area.

A registry of handicapped persons, including the mentally retarded, has been maintained since 1952 by the British Columbia Department of Health Services, Vancouver, B.C.

Education - The mildly retarded are included in the regular public school system. Not all attend special classes but there is an increasing trend towards auxiliary classes within the public school system; in many rural areas itinerant auxiliary teachers are functioning. The school-work training concept is also gaining momentum.

The moderately retarded are provided for in special classes and schools, generally segregated from public school facilities, operated either by education departments or branches of CAMR. The trend is toward public support and some modified technical trade schools are being developed (including some experimental projects) in this field. The increasing acceptance of education of the retarded by the public school system is exemplified in the Province of Ontario where school programs in the residential institutions are now under the education authorities.

Work training and employment - The provincial rehabilitation services with the aid of the Federal Manpower Department provide work training for any handicapped person able to realize "substantially gainful employment" as a result of training. The employment division of the Federal Manpower Department maintains nation-wide special services offices which aim to place such handicapped persons. Training of the moderately retarded is still largely the responsibility of the voluntary organizations. Much of it is done through the 115 sheltered workshops and activity centres operated by CAMR and its local associations.

Four of the Centennial Projects of CAMR will work specifically in this area:

Industrial Research and Training Centre for the Retarded,
Edmonton, Alberta

Vocational and Rehabilitation Research Institute
Calgary, Alberta

Cooperative School-Work Program (vocational training)
Regina, Saskatchewan

Adult Training and Research Centre for the Retarded
Metropolitan Toronto, Ontario

Medical care - Canada maintains a high quality public health service. There is a universal hospitalization scheme and a universal health scheme is being introduced. While increasing attention and concern is evident within the medical profession, it is difficult to determine the level of medical care and counselling which parents receive from their doctor.

Residential care - There are around 50 provincial and private residential institutions; only two have a capacity of over 2,000 beds, more than half serve less than 100. The large institutional programs are undergoing major change by way of improved staffing, programming, etc. There is now a growing emphasis on small regional residential units for the severely retarded and towards even smaller group homes and foster care for the moderately involved. One of the largest provinces, Ontario, provides $5,000 per bed for small group homes towards construction costs and 80% of operating costs. Consequently, the small group home of 10 to 15 residents is expected to be a major device in keeping the retarded in their local communities.

A CAMR Centennial Project in Moncton, New Brunswick, the Comprehensive Mental Retardation Regional Demonstration Project, will provide an integrated hospital-school-community service program.

Financial assistance - 1) Federal agencies and Provincial governments are now beginning to bring in various statutory support programs towards services for the retarded, although the present level of assistance is still insufficient to enable provision of optimal services. Disability allowances totaling some $15 millions are received by about 17,000 retarded adults.

2) CAMR and its affiliates conduct a nation-wide fund raising campaign annually in support of the services which the local associations operate.

Recreation - Most programs of the local associations for the retarded provide recreation services including the operation of some 25 summer camps. A Centennial Athletic Program was introduced in 1966-67, designed as the basis for a formal physical fitness program for the retarded throughout the country.

Research - Canada appears to be somewhere between the United States and European countries in research support for mental retardation. The nation-wide five-year development plan of 14 different mental retardation demonstration and research centres launched by CAMR (see previous items) will cost an estimated $25 million with support coming from governments, industry, universities and the general public. The campaign has stimulated increased interest in other on-going bio-medical and behavioral studies at universities.

Personnel training - Most teachers of special classes have had extra training but it is not a pre-requisite in all the provinces. Within the next three to five years considerable personnel training resources will develop under public and voluntary auspices.

Planning - A Federal-Provincial Conference on Mental Retardation in 1964 focused on responsibilities, accomplishments and coordination of planning, particularly of government agencies. The proceedings Mental Retardation in Canada were published by the Department of National Health and Welfare, 1965, 307 pp. CAMR and its provincial affiliates devote considerable time and effort towards long-range planning.

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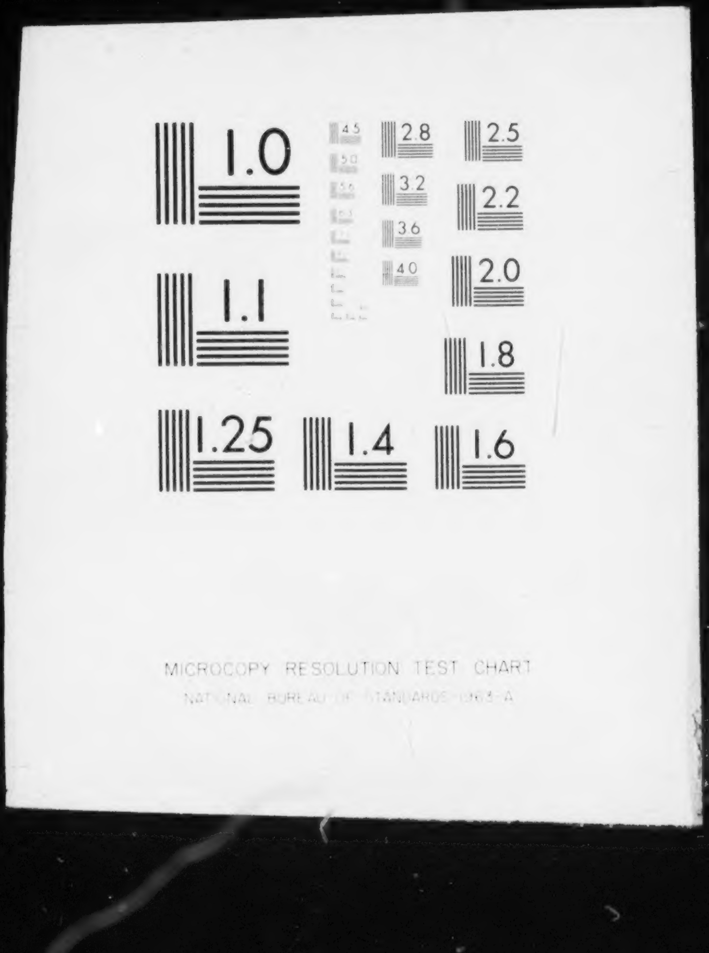
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NATIONAL BUREAU OF STANDARDS-1963-A

OTHER INFORMATION FOR VISITORS

Inquiries can be directed to the Department of National Health and Welfare in Ottawa, to the provincial government departments or to the Canadian Association for the Mentally Retarded. Individuals or groups planning to visit Canada should specify the areas of interest and the time available in order to plan the most appropirate and efficient study tour. Canada's 20 million people are spread over a land area the size of the United States or approximately the size of Europe.

School holiday periods extend from the beginning of July to the first Tuesday in September, with the usual Christmas and Easter holidays.

SUPPLEMENTARY INFORMATION

Address change in 1970:

Canadian Association for the Mentally Retarded
Association Canadienne pour les Déficients Mentaux

Kinsmen NIMR Building, York University
4700 Keele Street, Downsview
Toronto

The National Institute on Mental Retardation of CAMR was officially opened on February 20, 1970, at the above address.

CEYLON

Ceylon, an independent nation within the British Commonwealth, has a population of 12 million people. An island in the Indian Ocean 20 miles off the southern tip of India, it comprises 25,000 square miles with a uniform tropical climate.

Seventy percent of the population are Sinhalese and 22% Tamali, of whom about half are known as Indian Tamalis, having been brought from Southern India in the latter half of the last century to work on plantations. They now have generated a labor surplus and a treaty has been concluded with India to facilitate the return there of substantial numbers of the Indian Tamalis. Most Sinhalese are Buddhists, while the Tamalis are of the Hindu faith. Less than 10% of the population are Roman Catholic.

Ceylon is a country with a long cultural tradition, having been settled by groups coming from India about 500 B.C. It was at one time taken over by the Portugese, later by the Dutch, and became a British crown colony in 1802. It has been an independent member of the British Commonwealth since 1948 and is a member of the United Nations.

The Constitution of Ceylon vests legislative power in a bicameral Parliament while executive power is exercised by the Prime Minister and his Cabinet who are responsible to Parliament.

The economy is primarily agricultural with tea, rubber and coconut being major export items. Manufacturing is on the increase but constitutes less than 10% of the gross national product. Minerals and metals are available in abundance.

All education is free in government schools up to university, and the level of literacy is above 70%, the highest in Southeast Asia. There are several schools for the blind and for the deaf serving children from 3 to 21 years of age. However, educational needs of mentally handicapped children have been badly neglected. In 1960 Ceylon reported to the 23rd International Conference on Public Education that plans were afoot for mass administration of intelligence tests to identify and make educational plans for mentally deficient children. The first specialized service, the Madiwela Home for boys, was established in 1959.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Representatives are appointed from the Departments of Social Service, Health, Education and Probation to the Executive Committee of the Ceylon Association for the Mentally Retarded. There are no institutions run by the government. The Social Services Department gives monthly maintenance grants to all non fee-levying institutions for the mentally retarded; also various ad hoc grants, if the institution maintains certain standards and is approved by the Department.

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

Ceylon Association for the Mentally Retarded
Mrs. C. V. Welikala
147, Vajira Road
Colombo 5

Inaugurated in 1968 by the World Health Foundation of Ceylon, the Association has a membership of over 100 interested citizens, professional workers and parents, and serves as a national advisory body to focus official and public interest on the problem, to demonstrate services and promote standards, counsel parents and encourage training of personnel. It maintains a day center; a temporary relief home and a sheltered workshop are being planned. The Association is a member of the International League of Societies for the Mentally Handicapped.

Others which include mental retardation in their program

National Council for Child and Youth Welfare
3 Bagatalle Road
Colombo 3

Maintains three residential homes (the Madiwela Home in Nugegoda, others in Kandy and Moratuwa.

Other services are sponsored by the Ceylon Fellowship of Service (Prithipura Homes, Hendala, Wattala) and by an inter-faith group under the auspices of the Salvation Army (the Colombo Home).

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Short history

In 1957 there were no services for the mentally retarded in Ceylon. In 1958 the National Council for Child and Youth Welfare, which was already maintaining three homes for the destitute and convalescent tuburcular child, started a residential unit for 25 boys below the age of 12 years. With the guidance and supervision of the psychiatrist Dr. I.A. Senanayake and a social worker, this home developed a strong program which resulted in publicity that spurred the government and the public to assist the cause of the mentally retarded.

A day center was opened in 1962 by an inter-faith group and three years later the Prithipura Home, serving delinquent and destitute boys, instituted a home for the mentally retarded (primarily very young children). From 1965 other homes and day centers were opened, providing mainly simple care services, however. In 1969 there were three day centers, a rehabilitation and training center (the Madiwela Home), six residential care units (3 also including children with other handicaps). In all, nearly 400 persons were being served.

Case finding, diagnosis and assessment, consultation to parents - Most referrals are made though the government Child Guidance Clinic in Colombo, the Probation Department which has two psychiatrists, and the Social Services Department. Diagnosis is made by the above psychiatrists, except in the case of the Madiwela Home which has its own psychiatrist.

At the Madiwela Home, a final-year trainee from the School for Social Work does case visiting and works with the parents and the institution. Teachers meet the parents at least twice a year to discuss problems. The Ceylon Association for the Mentally Retarded also provides consultation to parents.

Education - There are no specialized education programs, except at the Madiwela Home and the two day centers which use Montessori methods and training in self care and socialization.

Work-training and employment - The Madiwela Home trains boys in agricultural work, carpentry, poultry-keeping, weaving, machine-sewing, housework, and gets contracts from firms for bag-making and simple assembling jobs. Simple academic skills, use of money and social training are stressed.

Employment prospects are bleak, but it is hoped to initiate sheltered workshops to help in this respect.

Medical care - Government-sponsored hospital and dispensary services throughout Ceylon are free.

Residential care - See short history.

Financial assistance - Except in fee-levying institutions, all others (if standards are approved) receive a monthly maintenance grant. The deficiency is made up from public subscription.

Recreation - Most institutions take the children on excursions, to films and other entertainments. At the Madiwela Home there is a Scout Troop for the mentally retarded.

Personnel training - There are two trained persons at Madiwela Home and one at the day school maintained by the Ceylon Association for the Mentally Retarded. Other institutions and personnel to be trained for short periods of one month at Madiwela. The Association has provided lecture courses and seminars for teachers and parents.

OTHER INFORMATION FOR VISITORS

The Ceylon Association for the Mentally Retarded is willing to undertake this.

School holidays - mid-April to May. (Children usually go home for at least two weeks during this period which is the Sinhalese New Year and Wesak season.) Also, 2 weeks in August, 2 weeks during the December or Christmas holidays, starting school on about January 5th.

CHILE

Area - 286,396 square miles; population - about 9.4 million; government - gained its independence from Spain in 1817. Chile is a constitutional democracy with a president and bicameral legislature elected by direct popular vote.

The language is Spanish and two-thirds of the population are of mixed Spanish and Indian descent. The Roman Catholic religion is dominant but not state supported. The economy is mixed industry and agriculture, and the country ranks among the largest producers of copper and nitrate. For the last several years efforts have been made to achieve a more equitable distribution of income.

Chile is one of the most forward-looking countries in Latin America in social affairs, having, for example, the first South American school of social work. While Chile has a comprehensive plan of social insurance, there are, however, still great gaps in income distribution and a large number of people live below subsistence level. As in other South American countries, the urban areas have attracted far more migrants than can be absorbed, resulting in large slum areas surrounding the cities.

Education is free and compulsory between the ages of 7 and 15. A substantial number of children, in fact, leave school long before age 15 to work. In the urban areas pre-schools have been in existence for many years but serve no more than 10% of the 3-6 age group.

Although progressive in other health and welfare areas, Chile had been somewhat slow moving in the field of mental retardation, even though the first public special school for mentally retarded children was founded in 1928 in Santiago. Recent progress can be ascribed to a considerable extent to the initiative of an individual parent of a retarded child, which resulted in action both in the voluntary and public sectors. This, in turn, led to another significant development, the establishment in 1965 of a governmental coordinating commission to study the entire field of mental retardation.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministerio de Educación Publica	Ministry of Public Education
Dirección Primaria y Normal	Directorate of Elementary and Normal Education
Departamento Pedagógico	Education Department
Av. Bernardo O'Higgins 1371 Santiago	
Servicio Nacional de Salud Calle Monjitas 665 Santiago	National Health Service
Sub-departamento de Fomento	Sub-department of Promotion of Health
Sección Salud Mental	Mental Health Section
Sección Menores en Situatión Irregular	Section for Children in Maladjustment
Sección Materno y Infantil	Section for Maternal and Child Health
Sub-departamento de Recuperación	Sub-department for Rehabilitation
Sección Atención Médica	Section for Medical Care, including psychiatric hospitals

Planning and Coordination

Comisión Nacional para el Estudio de la Deficiencia Mental
Ave. Alameda Bernardo O'Higgins 1371
Santiago

VOLUNTARY ORGANIZATIONS

Voluntary Organizations with Primary Concern for the Mentally Retarded

Professional:

Asociación Nacional de Especialistas en Educación de Deficientes Mentales Agustinas 2384 Santiago	National Association of Special Education Teachers for the Mentally Retarded

Citizen:

Asociación Nacional Pro Niño y Adulto Deficiente Mental Mr. Enrique Silva Cimma, President Av. Salvador 1068 Santiago (address correspondence to Casilla 3058, Santiago	National Association for Mentally Retarded Children and Adults
Fundación Leopoldo Donnebaum Av. Pedro de Valdivia 176 Postal Directión Casilla 3058 Santiago Sr. Leopoldo Donnebaum, President	Leopold Donnebaum Foundation

The Foundation is an affiliated member of the International League of Societies for the Mentally Handicapped.

RESEARCH

Departamento de Psicología
Facultad de Filosofiá y Educación
Universidad de Chile
Professor Jean Cizaletti D., Director
Ejercito 23
Santiago

Escuela de Salubridad
Universidad de Chile
Av. Grecia y Calle Maraton 1000
Santiago

University Departments of Pediatrics (see Brief Notes

PUBLICATIONS

"El Niño Limitado" Fundación Leopoldo Donnebaum	Bimonthly journal which began publication in October, 1968

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - Diagnostic services are available through the clinics of the National Health Service and through various hospitals. Ongoing parent counselling had been largely unavailable; it is now provided by the journal "El Niño Limitado" through a question and answer column, and to an increasing extent, in the diagnostic centers and special schools.

Education - is available for the mildly retarded in the special schools established by the Ministry of Education. The largest, the Escuela Especial de Desarrollo in La Reina, Santiago, was begun in 1928, and for many years was the only such facility. Such schools have almost doubled in number during the past three years, and there are, in 1971, at least 26 public day schools, 12 in Santiago and 14 in provincial cities. Schools under private auspices, including some organized by parents, generally also serve some of the more severely handicapped. There are 6 in Santiago and 4 in the provinces.

Work Training and Employment - The Escuela Especial de Desarrollo has a large and varied vocational training program serving 420 pupils, of which 120 are boarding pupils. Two social workers employed by the school arrange job placements. The Escuela de Recuperación de Leopoldo Donnebaum has pioneered by including the more severely retarded in its vocational training and, by the use of modern techniques, its workshop has recently reported a surprisingly successful financial level of production.

Medical Services - In general, specialized medical service for the mentally retarded is largely unobtainable, except in Santiago. The National Health Service has become interested in measles prevention, which may result in a greater awareness of physicians as to responsibility for prevention and treatment of mental retardation.

Residential Care - Residential care facilities are as yet very limited. Aside from the boarding section of the Escuela Especial de Desarrollo, there are two specialized facilities under the National Health Service, and two private homes under religious auspices.

Personnel Training - The most far-reaching contribution of the Fundación Donnebaum has been the impetus it gave to the establishment of a university-based teacher training program of high quality. The program is sponsored and directed by the Psychology Department of the University of Chile. The specialized training of already certified teachers takes place in a building donated by the Fundación with classroom observation and teaching in the Fundación's special school on adjoining property. The program provides courses for 40 trainees.

*Research: Epidemiological, clinical and biological research studies in the field of nutrition and mental retardation are being carried on by Dr. G. Soliano (Pediatrics Department of the University of Chile and Dr. G. Monckeberg (Pediatrics Department of Catholic University) in connection with the Maternal and Child Health Section of WHO.

OTHER INFORMATION FOR VISITORS

Assistance in planning visits to schools can be requested from the Ministry of Education (Ministerio de Educatión Publica, Av. Bernardo O'Higgins 1371, Santiago), or to the Fundación Leopoldo Donnebaum, Casilla 3058, Santiago.

School Holidays - In Chile schools are closed between December 15th and March 15th. The winter vacation usually occurs during the second and third weeks in July.

REPUBLIC OF CHINA
(TAIWAN/FORMOSA)

Taiwan (area: 13,886 square miles), the seat of the Nationalist Government of the Republic of China (1949), is an island located 90 miles off the southeast coast of the mainland People's Republic of China. A range of mountains forms the backbone of the island of Taiwan (Formosa), the western slope being fertile and well cultivated. The economy is based on agriculture and forestry, with industrial production steadily increasing.

Partly due to the mass influx of population from mainland China around 1950, as well as the high birth rate and reduced infant mortality rate, the population has doubled in the last 20 years to about 13.5 million. About 150,000 are believed to be descended from tribes who migrated from the Philippines; most have come over the past 300 years from mainland China, and nearly every Chinese dialect is represented on the island. Most adult Taiwanese also speak Japanese as a result of 50 years of Japanese rule.

The capital city is Taipei, near the northern tip of the island.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITIES

Chiau-yu Pu	Ministry of Education
Kuo-min Chiau-yu Shi	Department of Elementary Education
Chung-ten Chiau-yu Shi	Department of Secondary Education
Sho-hoi Chiau-yu Shi	Department of Social Education

VOLUNTARY ORGANIZATIONS

As yet there are no voluntary private organizations specifically concerned with mental retardation. The strong feeling of responsibility by the family and the extended family for its members can be considered one of the reasons for this.

Planning and coordination -

Taipei Children's Mental Health Center
Department of Neurology and Psychiatry
National Taiwan University Hospital
Taipei
Chen-chin Hsu, M.D., Director

The Taipei Childrens' Mental Health Center is the only professional agency which, in addition to its routine function, has been actively involved in the planning and establishing of special education for the mentally retarded.

RESEARCH

Chinese Association of Special Education
c/o Department of Educational Psychology
National Taiwan Normal University
Taipei, Taiwan

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Starting 1960, in-service training has been carried on to equip the class teachers, public health and mother-child health workers with knowledge and skills in case finding.

Education - The first special class for the mentally retarded was initiated within a public elementary school in 1962. Gradually the experiment was spread and now they have 7 classes in 4 schools in the City of Taipei. The Ministry of Education, with the support of UNICEF in 1970 started a training course for a year (to continue for 5 years) for 20 teachers. It is planned that within 5 years, at least, 50 schools would be equipped with special classes.

Work training and employment - So far the Good-will Industry, c/o Mrs. A-mi Yao, Director, Department of Social Work, National Taiwan University Hospital, Taipei, and the Day-care Program, Taipei Children's Mental Health Center, are the only agencies which include work training for mentally retarded youngsters in their function.

Medical care - So far no unit has been set up specifically for the medical care of the mentally retarded.

Residential care - The Section for the Handicapped, Yi-Kwang Orphanage, Taipei, is the only agency which takes some twenty orphans with moderate to severe mental retardation.

Financial assistance - From 1970, the Ministry of Education has started to earmark some money to assist the training and preparation of setting up special classes for the mentally retarded within the elementary schools.

Recreation - As yet no specific program for the mentally retarded.

Research - Staff members of the Departments of Education, Psychology and Psychiatry interested in mental retardation have been publishing sporadically their research results in the Chinese Journal of Psychological Testing, Chinese Journal of Guidance and Acta Pediatrica Sinica, etc.

Personnel training - The Provincial Taipei Normal College has been delegated by the Ministry of Education the task of training a group of 20 teachers each year for 5 years. This is a project spreading special education for the mentally retarded at the elementary school level. This project has been supported by UNICEF and the East-West Center, Honolulu, Hawaii.

Planning and coordination - Planning at the national level in prevention, legislation, etc., can be said to have just been felt to be urgent by policy-making educational authorities. Though there still is no specific Department within the Ministry which is responsible for those tasks, Committee on Development of Special Education was organized within the Ministry in 1968. The Committee involves professionals from fields related to special education, e.g., education, psychology, psychiatry, neurology, sociology, social work and rehabilitation.

OTHER INFORMATION FOR VISITORS

Chinese Association of Special Education
c/o Department of Educational Psychology
National Taiwan Normal University
Ho-pin East Road, Taipei, Taiwan
Republic of China

Dr. Chen-chin Hsu, Director
Taipei Children's Mental Health Center
No. 1, Chang-te Street
Taipei, Taiwan
Republic of China

School holidays - The school system is quite similar to that of the United States. The first semester begins in September and ends in January, and the second semester begins toward the end of February and terminates in early July.

CZECHOSLOVAKIA
(CSSR)

The Czechoslovak Socialist Republic lies in the center of Europe, 49,370 square miles in area (about the size of New York State) with a population of 14.5 million. With a history going back to the 9th century, Czechoslovakia has been a federative socialist republic since 1948 composed of two Slav nations, the Czechs (68%) and the Slovaks (23%), Hungarian and other peoples making up the remainder. The official languages are Czech and Slovak, other languages used being Russian, German, English, French, Hungarian, etc.

The Federative Assembly is the highest organ of legislature; it elects the President who appoints the Cabinet of Ministers. Political parties and social organizations make up the National Front, the controlling political organization. Administrative functions are carried out through a system of "national committees" on a regional, district and local level, districts having about 100-200 thousand inhabitants and regions one million.

Czechoslovakia is among the most highly industrialized countries of Eastern Europe, with a centralized planned economy and considerable natural resources developed by farming, mining and industry. There is little unemployment and the labor force, about 44% women, is traditionally skilled and efficient. There is an extensive social security program, and health services are widely developed. School is compulsory, from ages 6 to 15; the university system had its beginning in 1348.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministeries

Ministerstvo zdravotnictví	Ministry of Health

tr. Wilhelma Pieçka 98
Praha 10 - Vinohrady

In charge of psychiatric,child-psychiatric and general health out and in-patient care for the mentally retarded.

Ministerstvo skolství	Ministry of Education

Karmelitská 7
Praha 1 - Malá Strana

In charge of special education for the educable mentally retarded. (This term includes many moderately as well as mildly retarded children.)

Ministerstvo práce a sociálních vecí	Ministry of Labor and Social Affairs

Palackého nábrezí 4
Praha 2 - Nové Mesto

In charge of facilities for uneducable (severely) mentally retarded and of social problems of all mentally retarded individuals.

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

Národní sdruzení pro pomoc mentálne postizeným (NSPMP) Na Smetance 20 Praha 2 - Vinohrady	National Association for Help of the Mentally Handicapped

Registered in 1969, this new organization is composed of parents and concerned professional workers. At the time of its first national meeting several branches in different regions had already been formed.

Other

Ceskoslovenský cervený kríz Thunovská 18 Praha 1 - Malá Strana	Czechoslovak Red Cross

This organization helps in recreation and leisure time programs.

Federace Ceskoslovenských Invalidu Karlinské Námestí Cís 12 Praha 8	Czechoslovak Society for Rehabilitation

The Society is particularly interested in cerebral palsy.

RESEARCH

Research on various aspects of mental retardation is included in specific and general state planning and is realized in competent research institutes and also in special facilities for the mentally retarded.

PUBLICATIONS

There is no Czechoslovak professional journal specifically on mental retardation. Articles on mental retardation are published from time to time in medical, pedagogical and social affairs journals:

Medical: Cs. Psychiatrie
Cs. Pediatrie
Activitas Nervosa Superior

Pedagogical and psychological: Otázky defektologie
Speciální pedagogika
Cs. Psychologie

Social affairs: Sociální zabezpecení
Sociologický casopis

The National Association NSPMP has begun to publish a journal "Informace."

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents

Obligatory prenatal care serves practically all pregnant women and there is obligatory medical care for newborns and infants, as for all children. Early case finding in general takes place in pediatric facilities, later in school and adolescents' health services which are free for all children and adolescents. For more complete examination for purposes of diagnosis, treatment and assessment (from the medical, psychiatric, psychological, social and often pedagogical point of view) children are sent to child psychiatric out (or in) patient clinics. Biochemical and chromosomal examinations are available in pediatric clinics of medical facilities. Pedagogical diagnosis is made in special children's observation homes, Diagnosis of social adjustment of moderate and severely retarded individuals is made in the regional special consultation centers under the social affairs administration.

Education

The education of mildly retarded children is insured by the network of separate day and boarding special schools. There are also some special classes in ordinary schools. Nearly 2 to 2-1/2% of all children attend special schools or special classes; the provisions for children designated handicapped (for any reason) has more than doubled in the last decade.

At the present time a new conception of special schools has just been developed. The obligatory special education shall begin at the age of 3 years in special kindergartens, and may last up to 18 years of age. It is proposed to divide special schools into two types -- for the mildly retarded-borderline and for the mildly-moderately retarded.

The more moderately and severely retarded children are educated in day facilities and in residential institutions under the social affairs administration.

Work-training and employment

The mentally retarded are designated by the special district commissions attached to the school authority (teachers, specially trained educators, psychologists, social workers, child psychiatrists and/or other physicians) as persons with lessened working ability and entitled to have special protection. Such a person has preference of employment in selected working places. At present there is a shortage of special sheltered workshops. A number of apprentice boarding schools provide work-training courses of one to 3 years.

Medical care

General medical care is ensured in pediatric health centers as for other children. Special care is provided for the mentally retarded in child psychiatric facilities and other special facilities.

Residential care

Residential care for all mentally retarded children if in need from a psychiatric aspect is ensured in child psychiatric hospitals or in children's wards of psychiatric clinics.

Residential care for educable children, if indicated, is ensured in special boarding schools; for the more severely retarded in institutions of the social affairs authorities which are also responsible for separate homes for severely retarded men and women over the age of 25.

Financial assistance

Increased family allowance is provided for families with a handicapped child. Financial assistance is given by the state for the care of children in residential institutions of the Ministry of Education and of the Ministry of Labor and Social Affairs. The care in institutions of the Ministry of Health is entirely free as is all out-patient care including medication.

Recreation

Programs for recreation are assisted by the Czechoslovak Red Cross and will be an important part of the program of the new voluntary parents' organization.

Research

Besides medical and biological investigations, research at this time is oriented especially toward new forms of organization of education and toward social problems of the mentally retarded.

Personnel training

The training of special teachers is given in the pedagogical faculty of universities in the form of postgraduate study for teachers of ordinary schools. The interest of teachers for this study is fairly high.

Planning

The Ministry of Labor and Social Affairs has published a document dealing with future trends in care of the mentally retarded.

"Kolektiv autorů: Koncepce sociálních sluzeb"(1969)

OTHER INFORMATION FOR VISITORS

This can be requested from the departments for foreign affairs of the responsible Ministries and also from the Department of Special Education of the Pedagogical Research Institute - Mikulandská 5., Praha 1 - Nové Mesto.

DENMARK

Area - 16,538 square miles, population - 4.9 million (not including the Faroe Islands and Greenland); government - constitutional monarchy with unicameral parliament (Folketing). The Danes are a homogeneous people who have inhabited the Jutland Peninsula and the nearby islands since prehistoric times. About 75% of the land and 18% of the labor force is in agriculture, exporting some three-fourths of the products. During the last decade there has been rapid industrial expansion; more than 60% of the people now live in urban areas. Excepting seasonal farm work, there is relatively little unemployment.

Elementary education has been compulsory for more than 150 years; it covers the 7 to 14-year age group and about one-half of the population receives some kind of secondary education often through evening courses and the folk high schools.

Denmark is a social welfare state which has assumed major responsibility for the education, health and welfare of all its citizens. While some state involvement in services goes back to the 16th century, the present wide state responsibility dates from the social reform legislation of 1933. About 15% of the net national income goes into social expenditures such as the comprehensive health, disability, old age and unemployment schemes. While the Danish people are committed to the state's responsibility to provide needed health and welfare services ,private initiative plays an important role through such organizations as those for the prevention and amelioration of disease and handicapping conditions.

Denmark participates actively with the four other Nordic countries in many areas of mutual interest (see item under Regional Organizations on the Nordic Federation for the Mentally Retarded, NFPU)· her international involvement, especially in aid to developing countries, is generous .

The first special school for retarded children was opened in 1855 under private auspices. In 1959, following a 4-year study commission, a new mental retardation law was adopted setting up a semi-independent Mental Retardation Service (Statens Åndssvageforsorg) under the Ministry of Social Affairs, which has been responsible for all services, residential and community, operating through the ten regional care (forsorgs) centers. A unique feature of the regional centers is their administration, handled jointly by a directorate consisting of directors of medical care, education, social service and administration.

Much progress has been achieved in the first ten years of the modernized program, particularly in promotion of the concept of "normalization ," both in new architectural planning and in community based programs, as well as in humanizing older residential facilities. Particular emphasis is laid on the rights of the individual retarded citizen.

In 1970 an amendment to the 1959 Act came into force following the report of a governmental Social Reform Commission which made basic organizational, administrative and financial changes in the structure of the rehabilitation, child welfare systems. The Mental Retardation Service is now integrated within the newly-established Board of Social Welfare as one of three National Departments, the others being Rehabilitation and Child Welfare. Decentralization into 14 regional divisions and other administrative changes are aimed to effect greater local responsibility in all program areas.

GOVERNMENT AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Socialministeriet Socialstyrelsen Østergade 16 1100 Copenhagen K. Mr. H. C. Seierup, Director	Ministry of Social Affairs National Board of Social Welfare
Socialstyrelsen-Åndsvageforsorg Falkoner Allé 1 2000 Copenhagen F. Mr. N. E. Bank-Mikkelsen, Director	**Department of Mental Retardation**

Socialstyrelsen-Åndssvageforsorg (referred to in this report by its initials, S.Å.) now an integral unit within the newly-established National Board of Social Welfare is responsible for supervision of all specialized retardation programs, including education. It has a central advisory board of eleven appointed by the Minister of Social Affairs for a four-year period, the Chairman and four members on recommendation of the national social welfare, health and education authorities, two from local government, two from the mental retardation service personnel and two from the national association of parents and relatives. Similarly, on the regional advisory boards two members shall be appointed from the parents association, two from the personnel organization and three on recommendation of local government (county councils or the municipalities of Copenhagen and Fredriksberg).

The Sundhedsstyrelsen (National Health Board), a unit of the Ministry of Interior, supervises the implementation of Denmark's broad health legislation. For its relevance in mental retardation see Brief Descriptive Notes on *case finding*.

The Ministry of Education is involved directly in services for the retarded only in a consultative capacity. However, the category of slow learners is not considered as mentally retarded and classes for them are part of the regular school system. The present head of special education is a member of the S.Å. central advisory board.

Mr. I. Skov Jørgensen, Inspektør Specialundervisningen Undervisingsministeriet Frederikholms Kanal 26 1220 Copenhagen K.	Superintendent Special Education Ministry of Education

National Planning and coordination is the responsibility of the Department of Mental Retardation (S.Å.) and the National Board of Social Welfare.

VOLUNTARY ORGANIZATIONS

Professional

Dansk Selskab for Oligofrenologiforskning c/o dr. med. Annalise Dupont Forskningsafdelingen Stats hospitalet ved Århus 8240 Riisskov	Danish Society for Research in Mental Retardation

This is one of the founding member organizations of the International Association for the Scientific Study of Mental Deficiency which was constituted during the 1964 Copenhagen Congress on the Scientific Study of Mental Retardation.

Citizen

Landsforeningen Evnesvages Vel, Vester Voldgade 96 1552 Copenhagen V.	National Society for the Mentally Retarded
Landsretssagfører Albert Christensen	President

The organization was a founding member of the International League of Societies for the Mentally Handicapped; besides very close cooperation with S.Å., it promotes education of the public and its own members, primarily parents of the mentally retarded.

Some of the monies raised by public appeal are used to promote research, certain others as loans to S.Å. for initiation of new hostels or sheltered workshops until budget funds become available.

The 1970 mental retardation amendment increases the representation of Landsforeningen on the central and regional advisory board from one to two members.

RESEARCH

Åndssvageforsorgens forskningsudvalg Falkoner Allé 1, 2000 Copenhagen F.	Research Committee of the Department of Mental Retardation
Mr. N. E. Bank-Mikkelsen	Chairman
John F. Kennedy Instituttet Gammel Landevej 17 2600 Glostrup	The John F. Kennedy Research Institute
Dr. Erik Wamberg, Chief physician	Director
Universitetets arvebiologiske institut, Tagensvej 14 2200 Copenhagen N.	University Institute of Human Genetics
Professor Jan Mohr, dr. med.	Director
Socialforskning Instituttet Borgergade 28, 1300 Copenhagen K. Henning Friis, Director	Institute for Social Research
Paedagogisk Forsknings-afdeling (S.Å.) Brøndbyøstervei 156 2650 Hvidovre N.E. Søndergård, Research leader	Department for Educational Research (in Mental Retardation)

PUBLICATIONS

Journals

S.Å.-nyt (Mental Retardation News)
Monthly publication of the Department of Mental Retardation
Falkoner Allé 1
2000 Copenhagen F.

S.Å. Paedagogen (the M.R. Educator)
Bi-monthly publication of the S.Å. Teachers' Association
Vestagervej 3,
2100 Copenhagen Ø

Evnesvages Vel (Welfare of the Retarded)
Published monthly by the National Association for Mentally Retarded
Vester Voldgade 96,
1552 Copenhagen V.

Directories

Listing of facilities for the mentally retarded in Denmark, edited by S.Å.
Available free of charge.

Rehabilitation and Care of the Handicapped,
Social conditions in Denmark - 6,
Ministry of Social Affairs, International Relations Division,
Slotsholmsgade 6, 1216 Copenhagen K. Available free of charge.

BRIEF DESCRIPTIVE NOTES

Case finding diagnosis and assessment, consultation to parents - An Act against sickness and mortality of infants in their first year was passed in 1937 as the first of a series of preventive laws. The health of children is regularly checked in their homes by visiting public health nurses. A later Act provides for nine free preventive medical examinations of infants from birth to their seventh year.

At school age (7 years) health control is taken over by the school doctor attached to each school, who carries out regular examinations. Any departure from normal development is reported to the family doctor, who provides the required treatment, and who is to report to the S.Å. any person who may be in need of assistance from the Service. Preventive work is, for the most part, the responsibility of the general practitioner who plays an important role in the Danish health system.

Public authorities, physicians, teachers and others, who through their activities are in touch with the mentally retarded or subnormal person are to furnish reports to the S.Å.

According to the Act of 1959, the S.Å. is required to give the necessary guidance to parents on care, treatment and possibility for financial aid. Existing facilities for help and assistance, such as walking aids, physiotherapists, occupational therapists, social workers, etc., are likewise to be brought to the attention of the parents.

Education - Mentally retarded or those whose state is on a level with mental retardation, and who cannot adjust either in the ordinary primary school in the special classes for slow learners (known as "sinkers" in Danish) are subject to compulsory education and training from the age of 7 to the age of 21; this may be fulfilled as home-tuition or in any other way.

Regarding children and young people under 18 years of age, and young people in care after this age, educational measures may be taken against the wish of their parents only through the cooperation of the child welfare authorities.

Approximately 800 trained educators (including kindergarten teachers), belonging to the S.Å. system, provide for the education of nearly 4,900 mentally retarded children. Sixty-seven special day schools have been established (of which twenty are pre-fabricated, the so-called "Green Schools"); while organized to serve the mildly retarded, moderately retarded children are increasingly being accepted.

Thirty-five "kindergartens" are serving the more severely handicapped and those with emotional disturbances; the upper age limit is flexible; children may remain for extended periods depending on individual needs and facilities available. The trend is to provide for these older children in "training schools" or in separate classes in the above-mentioned special schools.

Adult education is provided in workshops, either during the working hours, or, as other kinds of education for adults, after working hours. A center for adult education was opened in 1970 in the "Spaniengade" experimental facility in Copenhagen which provides also work training, living facilities for individuals and married couples, as well as for a number of students of the Personnel Training College.

Work training and employment - During recent years, the S.Å. has established approximately 40 sheltered workshops for nearly 1,800 workers. All workshops are equipped with modern machines for industrial production. A considerable number of retarded adults work in open employment.

Medical care - Each regional center provides for a variety of treatment possibilities for both residential and non-residential clientele suffering from motor handicaps, cerebral palsy, developmental handicaps, etc., etc., covering clinical facilities for dentists, ophtalmologists, otologists, speech-therapist, physiotherapists, etc. Electroencephalographic laboratories, X-ray stations, operation rooms and laboratories for routine control are open to all clients.

Eighty full-time medical doctors (psychiatrists, child psychiatrists, pediatricians) are permanently employed with the Service, plus a large number of part-time consultants.

Residential care - In addition to its central institution, a region may provide boarding schools, school homes, short-stay care homes for the aged and sick, smaller local institutions and hostels for working adults. The size of these facilities differs considerably; for detailed information see the listing of facilities available from S.Å. The goal is provision of as normal conditions as possible with bedrooms for one or no more than four, even for the severely retarded.

Financial assistance - All care is free to all mentally retarded persons.

Financial aid is given to the mentally retarded himself, or to his parents to help them to keep their child at home; for example, parents with children suffering from motor handicaps may apply for an interest-free loan to buy a car.

Mentally retarded adults who are not living in a residential institution receive a disability pension. Residents unable to work get pocket money, whereas those who are employed in sheltered workshops or open employment receive wages.

Recreation and leisure time programs - All mentally retarded are entitled to recreation and leisure time activities. Recreation centers, holiday-camps, holiday trips are open to all. Holiday trips to foreign countries are frequently being carried out, especially for the residential clientele. Recreation in the evenings, hobby-rooms and the like are available for leisure time programs.

Research - Traditionally, provision for the care of the retarded and support to their families has been considered more important than research. However, in the period from 1965 to 1971, the Research Committee of the National Mental Retardation Service has through a special research fund financed over 100 research projects on medical, social, educational and other subjects. The scope of the John F. Kennedy Research Institute, originally destined specifically for research in connection with the causes and treatment of phenylketonuria, is being widened to encompass other disorders. The S.Å. expects to develop other research centers on the grounds of the Kennedy Institute. Other research, directly or indirectly related to mental retardation, is promoted by the Danish Society for the Scientific Study of Oligophrenia and other scientific organizations including the National Institute of Social Research.

Personnel training - S.Å. has maintained since 1960 a Personnel Training College (Personalehojskølen - Islands Brygge 83 A., 2300 Copenhagen S.) which annually trains some 400 students. The three-year salaried training period is spent in part at the academy, in part in practical training. Supplementary courses are also provided for senior staff members, social workers, therapists, sheltered workshop personnel, etc.

Teachers are required to have passed the Teacher Certificate Examination or certification as kindergarten or recreation teachers, and additional in-service and short course training is provided.

Planning will be aided substantially in the future by S.Å.'s introduction in 1967 of electronic data processing.

All mentally retarded persons receiving some kind of help are registered both under the local centers and on a national register. This standardized information on all clients by means of computers will provide data for statistics, administrative planning and research. The statistics, comprising all identified mentally retarded persons in Denmark, will be of great value also for comparative studies on an international level.

The registration of mentally retarded persons is linked up with a registration of the whole population which is being prepared in Denmark, by which all persons, including the mentally retarded, are given an identification number.

OTHER INFORMATION FOR VISITORS

S.Å. will arrange programs for visitors from abroad. It is normally expected that the visitors will pay their own travel costs and living in Denmark.

Mr. N. E. Bank-Mikkelsen, Director
Socialstyrelsen - Åndssvageforsorg
Falkoner Allé 1
2000 Copenhagen

School holiday periods -The schools of the Danish Mental Retardation Service are open from 8 till 2 o'clock on Mondays through Fridays, kindergartens from 8 to 3 p.m. Summer vacations are normally from June 20 to August 20. The third week of October is autumn holiday. Winter vacation from December 20 till January 7. Easter vacation is approximately one week.

DOMINICAN REPUBLIC

Area - 18,816 square miles; population 3.9 million. The Dominican Republic has existed as an independent state since 1899, with exception of brief interludes of foreign intervention. On the basis of the Constitution adopted in 1966, executive power is vested in the President, elected by the people, and in his cabinet. Legislative power rests with the bicameral Congress.

The population is largely of mixed Negro and white origin, with Spanish as the official language. The chief religion is Roman Catholicism. Santo Domingo, the oldest settlement founded by Europeans in the hemisphere (1496) has a population of nearly 600,000.

The country's economy is predominately agricultural (sugar, coffee, cacao) but foreign investments are leading to increasing industrialization.

A system of social and health insurance with coverage limited to certain types of employees was introduced in 1968 and is administered by the Dominican Social Insurance Institute under supervision from the Department of Health and Social Welfare.

Elementary education is compulsory but lack of school facilities and the economic hardships burdening many families causes dropping-out of school to be widespread. The International Yearbook of Education, 1969 carries a report from the Dominican Secretariat of State for Education which states: "The adult education programme is attracting more and more children over the age of ten years who have to work for the greater part of the day.

Governmental Agencies with Mental Retardation Responsibility - Governmental assistance to the mentally retarded until recently was limited to assignment of about RD$ 1,000.00 monthly to the Secretariate of Public Health and Social Security (Secretaria de Salud Pública y Previsión Social) for general health and social services in which retarded members of a family were included. In 1969 a Department of Special Education was created within the Ministry of Education and in September of the same year special teacher training courses were begun in one of the Universities.

Voluntary Organizations

Asociación Pro-Rehabilitación de Inválidos
Sección Retardo Mental
Apartado de Correos 1054
Santo Domingo   Dr. Jordi Brossa, Director del Sección Retardo Mental

The Mental Retardation Section of the Association for Rehabilitation of the Disabled is the first Dominican organization to provide specialized services for the mentally retarded. It was established in February 1967; until then the Association's concern was limited to the physically handicapped, as has been the case in so many countries. The Association is a member of the International Society for Rehabilitation of the Disabled.

Brief Program Notes - Plans to establish a pilot school for mentally retarded children were initiated in 1967 by Dr. Brossa who brought together an interdisciplinary group of people interested in the problem, representing the fields of pediatrics, psychology, neurology, psychiatry, education and otolaryngology.

The team began a program of assessment of children with abnormalities and learning problems, giving, as well, consultation to the parents. Assistance in planning, selection of children and organization of the school plus special teacher training has been provided through visits of special educators from Chile and Uruguay, and in particular, by the assignment of a United Nations Technical Expert, Dra. Dora Sarasola of Montevideo, during the last two years.

New school buildings are being constructed, including a diagnostic and orientation center. About 70 pupils are now being educated, and plans are underway to start special classes in other parts of the city and in other towns, as more teachers become trained.

Dr. Brossa attended the 1970 Congress of the International Association for the Scientific Study of Mental Deficieny, and both he and Dra. Sarasola have participated in recent meetings of the Caribbean Council for the Retarded in which the Sección Retardo Mental holds membership.

FINLAND

Area - 130,119 square miles; population 4,7 million; government - a republic with a single chamber parliament system and strong presidency. For 700 years Finland was a part of the Kingdom of Sweden, and from 1809 to 1917 was an autonomous Grand Duchy within the Russian Empire. The fourth largest state in Europe in area, Finland extends deep into the Arctic Zone, and two-thirds of its area are in forests. The population is more than 92% Finnish-speaking, with Swedish-speaking people living in the southwestern part of the country. Finland shares with Sweden and the USSR a small migrant Lapp population. 83% of the Finnish people belong to the Evangelical Lutheran Church which sponsors many health and welfare services. The basic units of local government are the communes, originally church parishes, having a high degree of self-administration and ranging in population size from an average of 29,300 (urban) to 5,300 (rural). The capital city, Helsinki, has 516,000 inhabitants.

Finland is rapidly becoming a major industrial country with half its people living in cities and towns. Forestry and wood processing industries predominate in export products. About 20% of the working population is employed in agriculture, accounting for less than 10% of the national income.

There is compulsory 9-year free elementary education from ages 7 to 16, and practically no illiteracy. Women have been entitled to vote since 1906.

Finland has comprehensive national health and social security programs (social insurance and benefits such as maternity and child allowances, pensions, accident and sickness insurance). Additional services are based on individualized needs and are locally administered by the social welfare boards of the communes.

Care of mentally retarded was started toward the end of the 19th century. Some provisions for them were later included in child welfare and education laws, but the first comprehensive Act on the Mentally Retarded was passed in 1958. It applies to all who, mainly owing to retarded intelligence, are in need of constant care, special education and supervision. It is enforced by both the health and welfare branches of the Ministry of Social Affairs and Health, with local administration in the hands of the communal welfare boards. The country is divided into 14 mental retardation districts, all but two now having a central institution for residential care.

GOVERNMENTAL AGENCIES WITH PRIMARY MENTAL RETARDATION RESPONSIBILITY

Sosiaali - ja terveysministeriö — Ministry of Social Affairs and Health

Hallituskatu 4 F
Helsinki 17

Sosiaalihallitus Siltasaarenkatu 18 B Helsinki 53	National Board of Social Affairs Alli Lahtinen, Director General
Vammaishuolto-osasto	Department for the Disabled Paavo Virtanen, Director
Vajaamielishuoltotoimisto	Office for the Care of the Mentally Retarded Martti Pitkänen, Head
Lääkintöhallitus Siltasaarenkatu 18 B Helsinki	National Board of Health Leo Noro, Director General
Mielisairaanhoito-osasto	Mental Health Department Raimo Miettinen, Director
Opetusministeriö Rauhankatu 4 Helsinki 17	Ministry of Education
Kouluhallitus Et. Esplanadinkatu 16 Helsinki 13	National Board of Schools Reino Oittinen, Director
Opetusosasto	Education Department Olli Sampola, Director
Erityisopetustoimisto	Special Education Office Elias Niskanen, Head
Kulkulaitosten ja yleisten töiden ministeriö Aleksanterinkatu 3 D Helsinki 17	Ministry of Transport and Public Works
Työvoimaosasto Annankatu 25 Helsinki 10	Department of Labor Jouni Hakkarainen, Head
Tyonvalitysasioiden toimisto Siltasaarenkatu 3 Helsinki 53	Labor Exchange Office Holger Quick, Chief Supervisor
Ammatinvalinnanohjaustoimisto Siltasaarenkatu 3 Helsinki 53	Career Selection Guidance Office Wolmar Mattlar, Office Manager

Coordination and planning

While responsibility rests within the three ministries concerned, much initiative in this area has come from the National Welfare Association for the Mentally Deficient (see below) which has among its office bearers two Members of Parliament (who are also heads of institutions) and who have had a leading role on the Commission for drafting new mental retardation legislation, appointed by the Council of State in 1966.

VOLUNTARY ORGANIZATIONS

Voluntary Organizations with Primary Concern for the Mentally Retarded
Professional:

Kehitysvammaliitto r.y.
Minervankatu 2 A 10
Helsinki 10

Ilmo Paananen, Chairman
Otsolahdentie 14. A 7
Tapiola

National Welfare Association for the Mentally Deficient
Jaakko Jylhä, Managing Director
Pohjolankatu 43 E 31
Helsinki 61

The National Welfare Association for the Mentally Deficient was established in 1951 as a central cooperative body of private organizations providing residential care; the Association's sphere of concern has broadened to include the total field of mental deficiency services and planning. It consists of over 40 affiliated organizations, participates actively in the Nordic Association for Mental Retardation and the International Association for the Scientific Study of Mental Deficiency.

Citizen:

Kehitysvammaisten Tukiyhdistysten
Liitto r.y.

Paavo Lehtinen, Chairman
Savilinnantie 3-5 C
Tampere

National Association of Societies
in Aid of the Mentally Handicapped
Sirkka Merikoski, Managing Director
Koskikatu 7
Tampere

The first societies of parents and friends of the mentally handicapped were founded in 1957 and the National Association in 1961. There are now over 50 societies and a membership of nearly 5,500 including individuals in small or sparsely populated localities who are unable to join local societies. One of its affiliated societies, "De Utvecklingstördas Väl" (Bymossavägen 1, Helsinki 32) serves Swedish-speaking families. The Association promotes programs of public information, provides consultation and training courses for parents and, through the local societies, is responsible for various direct services as day centers, sheltered workshops and recreation. It cooperates closely with the National Welfare Association for the Mentally Deficient and is a member of the International League of Societies for the Mentally Handicapped since 1963.

Other organizations which include some concern for mental retardation

Erityiskansanopiston
Kannatusyhdistys
Ahdinkatu 4 as. 17
Tampere

Association for Special Adult
Education

Kansakoulun Erityiskasvatuksen Liitto Iltaruskontie 3 B 12 Tapiola	Elementary School Special Education Association
Mannerheimin Lastensuojeluliito 2. linja 17 Helsinki 53	Mannerheim League for Child Welfare
Nuorten Ystävät r.y. Rautatienkatu 1 Oulu	Friends of Youth
Orpojen Ystäväin Liitto r.y. Pipola Karjalohja	Association of Friends of Orphans
Samariterstiftelsen Kylänevantie 1 B 3 Helsinki 32	Samaritan Foundation
Suomen Kirkon Sisälähetysseura Töölönkatu 55 Helsinki 25	Finnish Church Home Missions Society

RESEARCH

Sosiaali - ja terveysministeriö Hallituskatu 4 F Helsinki 17	Ministry of Social Affairs and Health
Jyväskylän Yliopisto Seminaarinkatu 15 Jyväskylä	Jyväskylä University
Erityispedagogiikan laitos Erkki Saari, Head	Department of Special Education
Rinnekoti - Säätion Tutkimuslaitos Rinnekoti Majalampi Erkki Kivalo, Head Helsinki University Helsinki	Rinnekoti Foundation for Mental Retardation Research
Kehitysvammaliitto r.y. Jaakko Jylhä, Managing Director Minervankatu 2 A 10 Helsinki	National Welfare Association for the Mentally Deficient

PUBLICATIONS

Ketju Jaako Jylhä, Editor in Chief Minervankatu 2 A 10 Helsinki 10	The Chain, Journal of the National Welfare Association for the Mentally Deficient
Läka och Lära Lasse Weckroth, Editor in Chief Centralanstalt Kårkulla Kirjala	Heal and Teach - in Swedish
Erityinen Leo Lehtinen, Editor Kottaraistie 14 D 22 Helsinki 73	Journal of Special Teachers
Sosiaalilääketieteellinen Aikakauslehti Ilkka Väänänen, Editorial Board Chairman Ruoholahdenkatu 4 Helsinki 18	Journal of Social Medicine
Duodecim Esko Nikkilä, Editor in Chief Mikonkatu 8 Helsinki 10	Journal of the Medical Association
Suomen Lääkärilehti Tapani Kosonen, Editor in Chief Ruoholahdenkatu 4 Helsinki 18	Finnish Medical Journal

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - The Act on Mental Retardation obliges the social welfare boards of the communes to keep a register of the mentally retarded. Elementary school inspectors, teachers, members of the social welfare board, health authorities, registration authorities, etc. and the mentally retarded child's parents are by law required to inform the social welfare board about a mentally retarded child in need of care.

According to a study made in 1962, of a total of 26,000 mentally retarded, about 4,000 were severely retarded (I.Q. 19 and below); 9,500 moderately retarded (I.Q. 20-49); and 12,500 mildly retarded (I.Q. 50-69).

A person can only be registered by the commune board after a doctor has found him to be mentally retarded on the basis of personal examination. Often a specialist and psychologist make an examination to establish mental retardation and discover the level of development.

There is rather little organized consultation with parents in Finland so far.

It is the job of the local social welfare boards to see to the care of the mentally retarded but workers specialized in their care are found only in a few communes. There are out-patient clinics at some institutions, intended mainly for diagnosis, but parents can also get guidance and advice about the care of their mentally retarded children there. The child guidance clinics and psychiatric care offices also give parents assistance, but here, too, there are few workers especially familiar with the care of the mentally retarded.

Education - Special classes, not yet adequate in number, are provided in primary schools for children unable to follow the ordinary instruction, and it is estimated that about 40% of these pupils are mentally retarded. However, many of the mildly retarded are not receiving suitable teaching. Children with an I.Q. of less than 50-55 are not legally obliged to attend school, but efforts are made to give them instruction in the residential institutions, and in the kindergarten and education sections of day homes.

In the new "basic school," the framework for which has just been passed by the Parliament, the education of the mentally retarded will be reorganized.

Work Training and Employment - Work training, instruction and sheltered work are provided at the institutions for the mentally retarded and the day care centers. In February 1968 there were some 360 actual work center places.

There is a special office for those capable of limited work in the labor exchange office subordinate to the Ministry of Transport and Public Works. There has been, however, very little placing of the mentally retarded in jobs through this office, as the mildly retarded mainly lack the necessary vocational training.

Medical Services - In addition to medical services provided in the residential institutions, medical care is offered through the child guidance clinics and psychiatric care offices. General health services in Finland are well developed and health centers are available in most communities, with special emphasis on maternal and child health programs. There are 4,000 communal child health centers serving pre-school children.

Residential Care - In 1969 there were 12 central institutions which, together with smaller residential homes, provide almost 4,000 places. Four new central institutions are at present being built. The need for institutional places is estimated at about 7,000. Most institutions are privately administered, with state and commune subsidization.

Residential care within the community is only just starting in Finland. The first hostel for the mentally deficient was founded in Helsinki in 1967, and has places for 12 men.

Finland compares with the other Scandinavian countries in excellence of new institutional design, done by outstanding private architects.

Financial Assistance - Most moderately and severely retarded children are entitled to child allowances and after the age of 16 they receive a disability pension. Parents of low means can also get public assistance from the social welfare committees. The State and the communes share establishment and administrative costs of both institutional and day programs.

Recreation and Leisure Time Programs - The National Association of Societies in Aid of the Mentally Retarded, its local supporting associations, and other private organizations, arrange recreational camps for mentally retarded children and their mothers. The local associations also have clubs, social evenings and excursions for mentally retarded children and their parents.

Research - Most medical research in mental retardation is done at the Rinnekoti Foundation Research Institute for Mental Retardation. Since 1961 it has published a series of research reports on biological, psychological, educational and social studies. Research is also done at several other central institutions. Some research is also carried on in the various universities and colleges, of which the Department of Special Education of Jyväskylä University, headed by Professor Niilo Mäki, has done extensive studies in the educational and behavioral areas. The ministry of Social Affairs has made two large studies on incidence and the need for care of the mentally retarded. The National Welfare Association for the Mentally Deficient awards a small number of research grants each year for mental retardation research in various fields.

Personnel Training - Since 1960, special education teachers must have taken a one-year training course following two years of practical experience in primary school teaching, given at the University of Jyväskylä. So far, no specialized training in mental retardation is arranged for doctors and nurses who have mainly been trained "on the job" and in various short courses and day conferences. Personnel for day centers for the moderately and severely retarded are mainly trained in one-year in-service courses. Two committees have been working on the training of personnel in institutions for the mentally retarded and this will be organized within the next few years.

Planning - Planning of prevention is mainly done in connection with research work and the activities of the general health system, family guidance, maternity and children's clinics, etc. The planning of legislation is handled by the Ministry of Social Affairs, the various committees appointed by the Council of State and Parliament. A committee set up by the Council of State in 1966 is at present sitting, with the task of reorganizing the care of the mentally retarded, especially community care, and making the necessary proposals for amendments to the 1958 Mental Retardation Act and Statute.

OTHER INFORMATION FOR VISITORS

The general department of the Ministry of Social Affairs and Health, or the administrative office of the Board of Social Affairs can help visitors plan their program.

School Holidays: Mid-June through August, Christmas and Easter.

FRANCE

With a population of 50 million and an area of 213,000 square miles, France has coastlines on both the Atlantic and the Mediterranean and shares borders with Spain, Italy, Switzerland, Germany, Luxembourg and Belgium.

The people of France belong to three ethnic groupings - Nordic, Apline and Mediterranean. The prevailing religion is Roman Catholic; less than 2% of the population are Protestants, less than 1% Jewish. Primary, secondary and higher education are free; school is compulsory for ages 6 to 16.

After the collapse of the Fourth Republic (1946-58) Charles de Gaulle proposed a new constitution which was adopted and forms the framework for the Fifth Republic. It provides for a two-chamber legislature, the National Assembly and the Senate, of which the former holds vastly greater power. The President is elected by popular vote for 7 years and he appoints the Premier. Administratively the country is divided into 95 departments, grouped in 21 regions.

France continues to have a strong agricultural economy with 15% of the working force employed on small diversified farms, and with the largest wine production in the world. There are extensive mineral resources as well as oil and natural gas deposits. Manufacturing of chemicals, silk, textiles, automobiles, aircraft and electronic equipment has increased markedly during recent years.

France has an extensive and very complex system of social security measures, backed by a comprehensive network of social services which operates from the national level through regions and departments to the local community. Rehabilitation programs gained in strength following World War II and in 1948 an Interministerial Commission was set up to define the respective rehabilitation responsibilities of the various ministries concerned with human services.

An excellent reference work for those interested in learning more about this involved multilevel system of human services is the volume, Social Welfare in France, a 984 page book available from La Documentation Française, 16 rue Lord Byron, Paris 8e.

Mental retardation came to the fore in France in the late 1940s at the same time as in England, Canada, the United States and other pioneering countries. The National Government has responded well to the insistent demands for assistance from the rapidly-growing associations sponsored by families with mentally retarded children, united since 1960 in UNAPEI, one of the strongest and most effective members of the International League of Societies for the Mentally Handicapped.

It is noteworthy that it was the Government of France which in 1970 initiated moves within the United Nations toward adoption of the Declaration of General and Special Rights of the Mentally Retarded.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITIES

Ministère de l'Éducation Nationale 110 rue de Grenelle Paris 7e	Ministry of National Education
Sous-Direction de l'Enfance inadaptée	Sub-Directorate for Maladjusted Youth (socially, physically and mentally handicapped)

Ministère de la Santé publique et de la Securité sociale 7 rue de Tilsitt Paris 17e	Ministry of Public Health and Social Security
Direction générale de la santé publique	General Directorate of Health
Direction générale de la famille, de la vieillesse et de l'action sociale	General Directorate of Family, Old Age and 'Social Action'
Direction de l'assurance maladie et des caisses de sécurité sociale	Directorate of Health Insurance and Social Security Agencies
Direction de l'équipement social	Directorate of Social Construction and Equipment
Service des établissements	Service of Facilities (Hospitals and Centers)
Service central de la pharmacie et des médicaments	Central Pharmaceutical and Medications Service
Ministère de Travail, de l'Emploi et de la Population 127 rue de Grenelle Paris 7e	Ministry of Labor, Employment and Population
Direction générale du travail et de l'emploi	General Directorate of Labor and Employment
Direction générale de la population et des migrations	General Directorate of Population and Migration

National planning or coordination body: There is no planning and coordinating body on mental retardation per se, although CTNEAI, the National Technical Center of Maladjusted Children and Adolescents, attached to the Ministry of Public Health and Social Affairs, provides coordination in the study of certain problems. Regional centers (CREAI - Centre regionale de l'Enfance et de l'Adolescence inadaptés) are semi-public organizations, similar to the National Center. Their purpose is to advise and inform the public authorities as well as the private agencies and, eventually, to create and manage specialized facilities. They bring together representatives of all the organizations concerned with maladapted children, the mentally deficient as well as the physically handicapped and emotionally maladjusted.

VOLUNTARY ORGANIZATIONS

Voluntary Organizations with Primary Concern for the Mentally Retarded:

Professional:

Groupement Français de Neuro-psycho-pathologie et d'Hygiene Mentale de l'Enfance c/o Professeur P.L.R. Lafon Faculté de Médecine de Montpellier 34 - Montpellier	French Group on Child Neuro-psycho-pathology and Mental Hygiene

Member of the International Association for the Scientific Study of Mental Deficiency. The First Congress of the IASSMD was held in Montpellier in 1967 under the chairmanship of Professor Lafon.

Regional:

Comité d'Etudes et de Soins aux Arriérés Profonds de la Région Parisienne 81 rue Saint-Lazare 75 Paris 6e	CESAP - Committee for Research and Care of Severely Retarded in the Parisian Region

Citizen (Parents and Friends):

Union Nationale des Associations de Parents d'Enfants Inadaptés 28 place Saint-Georges, Paris 9e	UNAPEI - National Association for the Mentally Handicapped

Founded in 1960 by the union of established parents' groups (ALAPEI in the Lyon area and the network of Papillons Blancs) UNAPEI now has a membership of 45,000 families and an increasing number of affiliated members. The organization consists of 200 associations with 350 local sections. Each of the 21 Regions is represented by a regional delegate on the Administrative Council. With a headquarters staff of 30 persons, and local responsibility for creation and management of 450 facilities, UNAPEI and its member associations have made a great impact on developments in the field of mental retardation, in legislation as well as in changing public attitudes. A founding member of the International League of Societies for the Mentally Handicapped, UNAPEI was host to the League's 1966 Congress, held in the Palais de UNESCO. 5,000 professional employees in the 450 local facilities (serving 21,000 children and adults) are represented by the recently formed trade union "Syndicat National des Associations de Parents d'Enfants Inadaptés" (SNAPEI). Since 1963 UNAPEI has had official recognition as an "établissement d'utilité publique."

Other organizations which include mental retardation:

Association Française pour la Sauvegarde de l'Enfance et de l'Adolescence 28 place Saint Georges Paris 9e	AFSEA - French Association of Organizations for the Safeguard of Youth
Syndicat National Autonome des Associations pour la Sauvegarde de l'Enfance et de l'Adolescence (same address as above)	SNAASEA Syndicate National Autonomous of Associations for the Safeguard of Youth
Union Nationale Interfédérale des Oeuvres Privées Sanitaires et Sociales 103 rue du Faubourg Saint Honoré Paris 8e	UNIOPSS - National Interfederal Union of Private Health and Social Agencies
Syndicat Général des Organismes Privés Sanitaires et Sociaux à but non lucratif (address above)	SOP - General Syndicate of Private Non-Profit Health and Social Organizations
Associations Nationale des Communautés d'Enfants 145 boulevard Magenta Paris 10e	ANCE - National Association of Children's Communities

Union Nationale des Assistants et Educateurs de l'Enfance 69 avenue du Général Leclerc Paris 14e	UNAEDE - National Association of Child Care Workers (Educateurs) and Assistants
Association Nationale des Assistantes Sociales et des Assistants Sociaux 3 rue de Stockholm Paris 8e	ANAS - National Association of Social Workers
Fédération des Sociétés de Croix-Marine 59 rue de Chateaudun Clermont-Ferrand	Federation of Blue Cross Societies
Service du Pédagogie Catéchetique Specialisée Centre National d'Enseignement Religieux 19 rue de Varenne Paris 7e	Service of Special Catechistic Pedagogy, National Religious Education Center

RESEARCH

Centre Technique Nationale de l'Enfance et de l'Adolescence Inadaptée 1 rue du 11 Novembre Montreuil Président: Professeur Lafon Directeur: M. Pinaud	National Technical Center of Maladapted Children and Youth (attached to the Ministry of Public Health and Social Affairs)
Institut National de la Santé et de la Recherche Médicale Unité de Recherches médico-sociales "Les Pins" Montpellier	National Institute of Health and Medical Research Medicosocial Research Unit "Les Pins

See also Brief Notes

PUBLICATIONS

Specialized journals which frequently publish articles on mental deficiency:

Revue de Neuro-Psychiatrie Infantile
15 rue Saint-Benoit, Paris 6ème

Cahiers de l'Enfance Inadaptée
5 rue Palatine, Paris 6e

Union Sociale
103 rue du Faubourg St Honoré, Paris 8ème

Réadaptation
10 rue de Sèvres, Paris 7e

Educatrices spécialisées- cahiers de l'UNAEDE
69 avenue du Général Leclerc, Paris 14e

Revue Pratique de Psychologie de la Vie Sociale
et d'Hygiène Mentale
59 rue de Chateaudun
Clermont Ferrand (Puy de Dome)

Informations cathéchetiques
13 rue de Varenne, Paris 7 ème

Ombres et Lumières-BICE
53 rue de Babylone, Paris 6e

Sauvegarde de l'Enfance
28 place St. Georges, Paris 9e

Nos Enfants Inadaptés: l'enfant, l'adolescent, l'adulte - UNAPEI
28 place St Georges, Paris 9e

Bibliography:

"Bibliographie des ouvrages et articles de langue française sur arriération mentale, débilité, déficiences intellectuelles et oligophrénies chez l'enfant" edited by the CREAI of Paris, 20 rue Euler, Paris 8e, price: 10 f.

TERMINOLOGY

Terminology generally in use: Déficients mentaux, arriérés mentaux, insuffisants mentaux, inadaptés.

Débiles légers simples - I.Q. 65/70 to 85

Débiles légers avec troubles associés - I.Q. 65/70 to 85

Débiles moyens - I.Q. 70-50

Débiles profonds - I.Q. 50-30

Arriérés profonds - Below 30 I.Q.

The I.Q. limits given above are listed only as a sample reference, many other elements being involved in classification and assessment.

The Ministry of National Education has responsibility during school age for débiles légers and the more capable débiles moyens. All other services come within the domain of public health and social action programs, health authorities, being particularly concerned with the arriérés profonds.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, consultation to parents - There are infant consultation centers available throughout the country. If a child shows abnormalities he is referred to a specialized medical center. Child mental hygiene centers will deal with the problem of mental retardation. In Paris CESAP (see above) provides consultation centers for severely retarded children in six hospitals. UNAPEI makes a special effort to contact and provide consultation to parents of young children.

Education - Children of borderline intelligence and the more capable of the mildly retarded generally attend classes de perfectionnement in the ordinary schools. Some may go to medical-pedagogical institutes, day or residential, but these are primarily for the more handicapped, both the débiles moyens of less ability and the débiles profonds. Instituts médico-pédagogique (I.M.P.) are managed by voluntary organizations, private persons, or may be attached to a psychiatric hospital. The educational emphasis is on specialized psycho-motor and social training (rééducation).

Work training and employment - After age 14, vocational training in classes professionels is provided in ordinary schools and in the 14 Écoles Nationales de perfectionnement (day or residential or both). Adolescents who have attended the I.M.P.s receive their training in an Institut médico-professionnel (I.M.Pro) from 14 to 18 or 20 years of age. To provide long term sheltered employment, the parents associations had provided, by 1971, 83 ateliers protégés with a total of 3,500 places. (In the 334 I.M.P. and I.M.Pro establishments UNAPEI associations are serving 18,000 children from age 5 to 20 years.)

Medical care - The medical needs of the mentally retarded have been highlighted by the requirement that all the aforementioned facilities must have an attending physician in order to qualify for government subsidies. In recent years there has been increasing interest and participation by pediatricians in the mental retardation field which formerly was seen primarily as the province of psychiatry.

Residential care - The largest share of specialized residential care for the retarded is provided in the I.M.P. and I.M.Pro establishments. Some retarded children are to be found in psychiatric hospitals. There is a very critical shortage in residential care for the retarded adult. UNAPEI has led in making a beginning to provide small community residences (foyers) for adults; 13 with 340 places are now functioning, with a number under other voluntary auspices, as for example, the outstanding program under leadership of Jean Vannier, L'Arche in Troisly-Breuil, based on small groupings of adults and young adults in normalized surroundings.

Recreation - Scouting, social clubs, holiday residential and day camping programs have been developed extensively and during recent years the Special Olympics project has been received with much enthusiasm in France.

Research - There has been growing interest in mental retardation research both in the biological and the behavioral sciences. The international acclaim of Lejeune's discovery of the chromosomal abnormality in mongolism has underlined the importance of mental retardation as a field of research. Particularly notable has been the comprehensive research approach of Lafon and his colleagues at the University of Montpellier.

Personnel training - France has probably developed the most extensive program of diversified training of personnel working with handicapped persons in general and the mentally retarded specifically. Besides the instituteurs spécialisés (special teachers) and jardinières d'enfants spécialisées (special kindergarten teachers), the éducateurs spécialisés (child workers or counsellors) and moniteurs-éducateurs (special aides) are of particular significance since they assure a basic quality of care in residential and day facilities. (The difference between the last named is that the éducateur spécialisé has higher entrance requirements plus a 3 year rather than a 2 year training period.

Planning - A major characteristic of post-war public affairs in France has been the succession of national 5 year plans affecting every aspect of economic and social life. Through the growing influence and effectiveness of UNAPEI and of AFSEA, the Association Française pour la Sauvegarde de l'Enfance et de l'Adolescence, these plans have increasingly reflected the needs of the mentally retarded.

OTHER INFORMATION FOR VISITORS

Requests for information may be directed to:

Sous-Direction de la Réadaptation et de l'Aide Sociale
Direction Générale de la Famille et de l'Action Sociale
Ministère des Santé Publique et de la Securité Sociale
7 rue de Tilsitt
Paris 17e

UNAPEI will also give assistance and information:

Union Nationale des Associations de Parents d'Enfants Inadaptés
28 place Saint-Georges
Paris 9e

School holidays - In general, facilities are closed during July and August, 1 to 2 weeks over Easter and Christmas.

GERMAN FEDERAL REPUBLIC

(WEST GERMANY)

Including West Berlin, the Federal Republic of Germany covers 95,928 square miles and has a population of almost 60 million. There is an upper and lower house in the Federal Parliament (Bundesrat and Bundestag); the Federation consists of eleven states (Länder) including West Berlin. 78% of the population is urban with a general population density of 622 persons per square mile. Predominantly Protestant are North Germany and West Berlin, while Bavaria and the Rhineland are largely Roman Catholic. Following its remarkable post World War II recovery, the country has become a major industrial producer.

Education is the responsibility of the individual Länder, the majority requiring nine years of schooling beginning at age six. Along with education, the administration of health and welfare services are largely within the jurisdiction of the Länder, and striking differences exist from Land to Land. However, three basic Federal statutes provide a social security framework, the laws on social insurance, on pensions and on social assistance. Although these laws are fairly recent enactments, nationwide social insurance legislation dates back to the 1880s.

GOVERNMENT AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Federal:

Bundesministerium für Gesundheitswesen 53 Bonn	(Ministry of Health)
Bundesministerium für Arbeit- und Sozialwesen 53 Bonn	(Ministry of Labor and Social Affairs)
Bundesministerium für Familie und Jugend 53 Bonn	(Ministry of Family and Youth)
Bundesministerium des Innern 53 Bonn	(Ministry of the Interior)

Land:

The government structure, including names and functions of ministries, differs from Land to Land. For information write to the appropriate Federal Ministry, or to the Bundesvereinigung Lebenshilfe für geistig Behinderte. (see below) There is no education authority on the federal level; in the Länder the Kultusministerien are the responsible agencies.

VOLUNTARY ORGANIZATIONS

Citizen and Professional

Bundesvereinigung Lebenshilfe für geistig Behinderte ("Lebenshilfe")
(National Association for the Mentally Handicapped - "Help for Living")
Barfüssertor 25
355 Marburg/Lahn

Founded in 1958, Lebenshilfe now has more than 40,000 members (parents, professional workers, local and state officials and interested citizens) in its 350 associations, organized on local, district and state levels.

It is a member of the International League of Societies for the Mentally Handicapped and maintains liaison with the International Association for the Scientific Study of Mental Deficiency.

Other national voluntary organizations providing residential services:

Verband evangelischer Heilerziehung-, Heil- und Pflegeanstalten
(Union for Evangelical Curative Education)
Wittekindshof
497 Bad Oeynhausen
Pastor Klevinghaus, Vorsitzender (Chairman)

Katholischer Verband der Heime und Anstalten
(Catholic Union of Homes and Institutions)
6221 Aulhausen
Direktor Müller, Vorsitzender (Chairman)

National social welfare organizations which include concern for mental retardation:

Arbeiterwohlfahrt Bundesverband
(National Association for the Welfare of Workers)
Ollenhauerstrasse 3
53 Bonn

Das Diakonische Werk,
Innere Mission und Hilfswerk der evangelischen Kirche in Deutschland
(The Deacons' Assistance Program, Home Missions and Assistance Work of the German Evangelical Church)
Alexanderstrasse 23
7 Stuttgart-1

Deutscher Caritasverband (German Associated Charities Roman Catholic)
Wertmannplatz 4
78 Freiburg

Deutscher Paritätischer Wohlfahrtsverband
(German Non-sectarian Welfare Association)
Heinrich-Hoffmann-Strasse 3
6 Frankfurt/Main

Deutsches Rotes Kreuz (German Red Cross)
Friedrich Ebert Allee 71
53 Bonn

Other national organizations:

Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege
(National Coordinating Committee on Voluntary Welfare Services)
Rathausgasse 11
53 Bonn

Bundesarbeitsgemeinschaft Hilfe für Behinderte
(National Coordinating Committee on Assistance to the Handicapped)
Kirschfeldstrasse 149
4 Düsseldorf

Verband Deutscher Sonderschulen
239 Flensburg
Schulrat H. Schrader, Vorsitzender (Chairman)
(Union of German Special Schools)

Anthroposophische Gesellschaft
Rudolf-Steiner-Haus, Uhlandshöhe
7 Stuttgart
(Anthroposophic Society)

Deutsche Gesellschaft für Jugendpsychiatrie
Hans-Sachs-Strasse 4-6
355 Marburg/Lahn
(German Society for Child Psychiatry)

Deutsche Vereinigung für die Rehabilitation Behinderte
(German Association for Rehabilitation of the Disabled)
Friedrich-Ebert-Anlage 9
69 Heidelberg

Aktion Sorgenkind
Rathausgasse 11
53 Bonn
(Action for the Handicapped Child)

Deutscher Verein für öffentliche und private Fürsorge
(German Association for Public and Private Welfare)
Beethovenstrasse 61
6 Frankfurt/Main

PUBLICATIONS

Journals:

Zeitschrift Lebenshilfe
Quarterly of the national association "Lebenshilfe"
Annual subscription DM6.00
Verlag Lebenshilfe
Barfüssertor 25
355 Marburg/Lahn

Other journals which include material on mental retardation:

Zeitschrift für Heilpädagogik - Flensburg

Die Rehabilitation - Heidelberg

Nachrichtendienst des Deutschen Vereins für öffentliche und private Fürsorge - Frankfurt

Blätter der Wohlfahrtspflege - Stuttgart

Psychologische Rundschau - Göttingen

Directories:

A listing of community facilities can be obtained without cost from Lebenshilfe; "Heim und Anstaltsverzeichnis", a directory of residential homes and institutions is available for DM 1.50:

Verlag Lebenshilfe
Barfüssertor 25
355 Marburg/L.

"Die sonderpädagogischen und ähnliche Einrichtungen in der Bundesrepublik und West-Berlin" (a directory of special education and similar facilities) is published by:

Verlag Carl Marhold
1 Berlin - Charlottenburg 9

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Specialized medical examinations, counselling and treatment of the mentally retarded is done mainly by pediatricians, child and youth psychiatric clinics and the local health centers. Special consultation offices within the health centers have been established in some cities, e.g., in Cologne. The local Lebenshilfe associations carry much responsibility for parent counselling; in addition to its quarterly publication which covers all areas of concern, the national Lebenshilfe publishes quarterly "Letters to Parents" with detailed suggestions for home training.

Education - Special education for mentally retarded children existed in various cities already at the turn of the century; some of the schools served not only mildly but also moderately and severely retarded children. Whatever programs existed were brought to a halt when Hitler came to power. After World War II these programs were resumed only slowly, with great differences between the Länder, and at first only for the mildly retarded. For the moderately and severely retarded, day centers (Tagesstätten) with educational programs were developed by the Lebenshilfe and other voluntary agencies, and, in some cases, local authorities. Increasingly, the public school systems are providing separate elementary schools for the latter groups (referred to educationally as "praktisch bildungsfähig", i.e., capable of receiving a practical education). In principle, the compulsory school laws are now applicable also to the mentally retarded in ten of the eleven Länder, but there is still a lack of classrooms and teachers. In November 1968, 347 schools were serving 14,400 "geistig behinderte" children, in addition to the many special classes and schools for the "lernbehinderte" mildly retarded. In principle also, the school learning age has been extended by various Länder. Many cities have kindergarten programs for the mentally retarded, the majority under Lebenshilfe auspices (in November 1968, 161 were providing for about 2,900 children).

Vocational training and employment are provided in "Anlernwerkstätten" for work training, and in sheltered workshops. In general, these are maintained by the Lebenshilfe associations, but some are under other voluntary organizations as well as local authorities. The number of such facilities has increased dramatically since 1962, from 17 to 180, providing training and work for about 7,000.

Medical care - Periodic health examinations are provided by the public health departments but routine medical care is left with the family physician or pediatrician. Efforts are underway to make mental retardation a condition physicians must report to the local authorities.

Residential care - There are approximately 250 homes and institutions, the majority being small in size and under voluntary and church auspices. There is a shortage of places and staff. Those serving children of school age provide their own classes. The first hostel for young adults was opened in 1967 in Düsseldorf, which has pioneered in other services for the retarded. Hostels now exist also in Bremen, Frankfurt, Hannover, Marburg and Wuppertal.

Financial assistance has been established as a right since 1962 with the implementation of the new Federal Social Assistance Act (BSHG); it includes payment for rehabilitation services, medical treatment, home nursing and vocational training, and covers all age groups. The right to claim this "integration assistance" or other help, and the amounts granted, are dependent on the basic income of the family. Schooling is free.

Recreation - Youth recreation programs have been organized by branches of Lebenshilfe. There are also various voluntary programs to finance and organize vacations for retarded children and their mothers.

Research - Medical research is undertaken at various university hospitals; of particular significance is the PKU work of Bickel at Marburg and Heidelberg. In psychological studies Bondy and his associates have pioneered at the University of Hamburg, particularly in the development of new testing instruments. The steady extension of school programs for the retarded has led to studies in the area of curriculum.

The Scientific Advisory Council of the Lebenshilfe, which has a broad interdisciplinary representation, has begun a program to stimulate research efforts and secure supporting funds from private, state and federal sources.

Personnel training - Special training programs for teachers of the mentally retarded are increasing in number and also in quality. Teachers at special schools are now seen as needing more extensive training than regular classroom teachers and as meriting higher compensation. As in many other countries the programs for the moderately and severely retarded originally were not staffed by trained teachers but there is increasing recognition that schooling of these children, too, requires well trained educational personnel. Staffs for day care centers and vocational training and sheltered workshops have been drawn largely from the ranks of welfare and youth workers and from industry; special in-service training courses and institutes have been developed to give them an orientation to mental retardation. In-service training courses are also being provided for personnel in a number of residential care facilities.

Planning and coordination - In its early years the Bundesvereinigung Lebenshilfe was a most significant source for nationwide planning and coordination. With the rapid growth of education, health and welfare services for the retarded there is an increasing effort to coordinate legislation and programming for the retarded with that for other types of disability, particularly through the Bundesarbeitsgemeinschaft Hilfe fur Behinderte (National Coordinating Committee on Assistance to the Handicapped) and the other organizations listed above.

The Bundesvereinigung Lebenshilfe has established, along with its two Advisory Councils on Scientific and on Social Affairs, professional advisory committees in various areas of services for the retarded.

OTHER INFORMATION FOR VISITORS

Information can be requested from the Federal Ministries or from the Lebenshilfe, which has available informational leaflets, will give advice on specific programs, and facilitate arrangements for visits.

School holiday periods

The summer school vacation period is generally six weeks in length, varying in the different Länder, during the months of July and August.

GHANA

The Republic of Ghana, with a population of 8.6 million, occupies an area of 92,000 square miles on the West Coast of Africa. An independent state since 1957, Ghana had a stormy history during its first decade, culminating in a revolt of the Army which on February 24, 1906, overthrew the regime of President Kwame Nkrumah and established the National Liberation Council as the ruling authority pending the eventual return to a duly-constituted civilian government.

Rich in mineral wealth and timber, and the world's leading cocoa producer, Ghana has taken great strides to develop also its industrial capacity. The completion of the hydroelectric project on the Volta River dam has made this possible.

The people of Ghana represent many tribes and more than fifty different languages and dialects are spoken in the country. During the many years of British colonial rule both the English language and the English education system became widespread, particularly in the central and southern areas. In the northern districts the culture has remained predominantly Islamic.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministry of Health
P. O. Box M 44
Ministry Branch Post Office
Accra

Ministry of Education
P. O. Box M 45
Ministry Branch Post Office
Accra

Ministry of Labour and Social Welfare
Social Welfare and Community Development Section
P. O. Box 778
Accra

It is noteworthy that the activities of the Society of Mentally Retarded Children, and in particular its first major project of national significance, the construction of a residential home for mentally retarded children, have been very materially aided by the public support from Mr. J. W. K. Harlley, Deputy Chairman of the National Liberation Council

VOLUNTARY ORGANIZATIONS

Society of Friends of Mentally Retarded Children
P. O. Box 640
Accra

Founded in March 1968, and since 1970 a member of the International League of Societies for the Mentally Handicapped, the Society has been the driving force in gaining services for mentally retarded children in Ghana.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case Finding, Diagnosis and Assessment, Consultation to Parents - The Society maintains at the YMCA a counseling service for which several physicians have volunteered their services. This is an as yet very limited but important first step.

Education - In 1960 the Ghana Ministry of Education submitted to the 23rd International Conference on Public Education the following statement:

> "No steps have so far been taken as regards education for the mentally deficient. Hitherto, the need to do so has not been felt, since compulsory schooling for all children is not yet in force. Consequently, parents tend to send to school only those children who have normal intellectual abilities. When compulsory schooling has been introduced, the education auth-ities will doubtless be responsible for organizing special education for the mentally deficient."

In 1969 the Society of Friends of Mentally Retarded Children opened a day nursery at the Accra Community Center. This appears to be the first education program for retarded children in the country.

Residential care - The Mental Hospital in Accra, built to accommodate 400 patients but actually housing 2,000 has among its population many mentally retarded individuals and in particular young retarded children. The very unfavorable conditions under which the children lived there caused the Society of Friends of Mentally Retarded Children to make a small home to house these children, its first major project. The home, planned to accommodate eventually 100 children, was erected with funds solicited by the Society and supplemented by a substantial grant from the Government, and opened its doors on August 8, 1970.

Recreation (leisure time programs) - The Society is undertaking to provide some recreational acitivities both for the retarded children living in the Mental Hospital and those living in Accra. It also tries to have 3 of its members visit the children in the hospital once a week on Wednesdays.

Personnel training -None exists as yet, but the Society recognizes this as an urgent priority.

OTHER INFORMATION FOR VISITORS

Requests for information and assistance in planning visits can be addressed to any of the Ministries listed.

School holidays - Vacation time in Ghana is from mid-July or August to mid-September, mid-December to mid-January, and mid-April to mid-May.

GREECE

Area - 52,000 square miles; population - 8.7 million. The government formally is a parliamentary democracy under a constitutional monarch. However, since April 1967, Greece has been administered by a revolutionary government which has suspended Parliament. The King is in self-exile in Rome. Greek government is highly centralized; there are 52 provinces governed by Nomarchs (governors) appointed by the Ministry of the Interior.

Greece is a mountainous country with many islands. It is chiefly agricultural with little manufacturing. Only one-fourth of the total area is arable. Under American aid programs Greece's industrial and agricultural potential has greatly increased in the past 20 years. Tourism and a large merchant marine fleet are the latest developed important national income resources. Language is Greek; religion is Greek Orthodox.

In 1964 the period of compulsory schooling was increased from 6 to 9 years. There is no central administrative body responsible for all special education programs. Greek family life is strong and programs to aid children are more fully implemented than other areas of public assistance. The social insurance scheme, which covers about 2 million wage earners, provides old age and disability pensions and medical care.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministries

Ypourgeion Koinonikon Ypiresion (Ministry of Social Services)
Aristotelous and Stournara
Athens

The Department of Social Assistance("Dieuthynsis Antilipseos") has supervisory responsibility for special boarding schools (private) for mildly and moderately retarded children.

The Department for the Handicapped ("Dieuthynsis Anapiron") is responsible for more severely retarded persons, and serves adults primarily. Children up to the age of 18 years are referred to P.I.K.P.A. (see following page)

Ypourgeion Ethnikis Paideias kai Thriskevmaton (Ministry of National Education and Religion)
Mitropoleos 15
Athens

This ministry is responsible for two day schools for mildly retarded children.

Official Agencies

Patriotikon Idryma Koinonikis Pronoias
kai Antilipseos (P.I.K.P.A.)
A. Tsoha 5, Ampelokipoi
Athens

(National Foundation for
Social Welfare and Assistance)

P.I.K.P.A. was founded in 1914. It is an official organization under the Ministry of Social Services. Its purposes are care of mothers and children (study and treatment of any problems, assistance to preserve healthy environment, preventive health and hospital activities); support of nutrition of mothers and children when needed; education of specialized personnel. All these are achieved by the medical and social centers and the travelling medical units of P.I.K.P.A. throughout Greece. Directly related to mental retardation problems are the following institutions supported and run by P.I.K.P.A.:

Dimosion Paediatrikon Neuropsychiatrikon
Nosokomeion
Daou Penteli
Attica

(Public Pediatric
Neuropsychiatric
Hospital)

This is a 200 bed hospital for retarded and mental patients up to 16 years of age. This institution also runs a child guidance clinic in Athens (Iatropaidagogikos Stathmos, 25a Solomou Street), for evaluation and follow-up of its patients.

Kentron Eidikis Perithalpseos Paidon
Lerou (P.I.K.P.A.)
Leros

(Center for Special
Treatment of Children, on the island
of Leros)

Founded in 1961, with a capacity of 400 beds. Admits patients up to 18 years of age with severe physical and mental handicap.

Kentron Prostasias Paidon P.I.K.P.A.
(Dorea E. and A. Mihalinou)
Piraeus, Athens

(Center for Protection
of Children-Donation of
E. and A. Mihalinos)

Founded in 1961, the Mihalinos Center has a child guidance clinic, a special nursery pre-school for retarded children, a small in-patient unit for children of school age, and an EEG laboratory.

Kentron Apokatastaseos Anapiron Paidon Voulas (P.I.K.P.A.)	(Center for Rehabilitation of Handicapped Children)

Founded in 1954, this large establishment offers medical care and physiotherapy to 400 physically handicapped children to 12 years of age; 100 beds are set aside for children with cerebral palsy and mental retardation.

VOLUNTARY ORGANIZATIONS

Voluntary Organizations with Primary Concern for the Mentally Retarded:

Citizen:

Enosis Goneon kai Kidemonon Aprosarmoston Paidon Leoforos Pentelis 141 Halandri, Athens	(Union of Parents and Guardians of Unadjusted [retarded] Children)

Founded with support from the Center for Mental Health, (then the Mental Health Section of the Royal National Foundation) in 1960, it supports "Stoupatheion", a special school for retarded children ages 7-15 years, at the same address. It is in contact with several parents' groups in other parts of the country and through one of the school's founders, Dr. Constantin Kalanzis, speech therapist, has had some international contacts.

Including Mental Retardation:

Elliniki Etaireia Prostasias Anapiron Paidon Kononos 16 Athens	(Hellenic Society for the Protection of Handicapped Children)

Its program for children with cerebral palsy includes some special day classes for those who are also mentally retarded.

RESEARCH

Research on the various aspects of mental retardation is carried out mainly by the Departments of Pediatrics of the two Medical Schools at the Universities of Athens and Thessaloniki, as well as by the Institute of Child Health (Instituton Ygeias tou Paidiou, Athens (608), and the Center for Mental Health and Research (58 Notara Street, Athens). There is no research institute, however, with a major interest in mental retardation.

PUBLICATIONS

There is no Greek professional journal interested specifically in mental retardation. The only one existing is published by the parents' group. Its official title is "The Unadjusted Child", and is published bimonthly. Occasional articles have appeared in P.I.K.P.A.'s "Mother and Child" and in some of the professional journals.

Directory:

The Royal National Foundation's Mental Health Section (Vassilikon Ethnikon Idryma) issued in 1964 a stencilled directory of welfare and health institutions. P.I.K.P A. has listings of its programs.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - early case finding can be done through the Well Baby Clinics of P.I.K.P.A. The program of PKU detection with the Guthrie test is under development, being performed in most maternity units in Athens, and being sponsored by the Institute of Child Health. Diagnosis and assessment can be carried out at the various outpatient pediatric and neurological clinics throughout the country. Since 1958 the Child Guidance Clinic of the Center for Mental Health has provided diagnostic and consultation service for mentally retarded children and their parents. There exist a few private facilities serving a limited number of retarded and mentally ill children, such as the child psychiatric clinic (inpatient) "Idryma Paleologo" (Dr. Maria Paleologo, Director, 38 Odos Bubulinas, Athens) where treatment is carried on with medical and educational therapy.

Education - Unless retarded children have other special problems they attend the ordinary school classes where the teacher may group them separately and try to adapt instruction to their mental level. Although the special public school in Athens has been in existence for over ten years, its resources are limited; recently a second one has been established. The concept that educational rather than medical care is needed has been slow to be accepted. Some of the existing facilities are:

Protypon Eidikon Scholeion Athenon (Prototype Special [Day] School
Solomonidou 62, Kaisariani of Athens under the Ministry
Athens of Education)

For 150 mildly retarded children, a large number of whom are in foster care.

Kentron Therapeutikis Pedagogikis "Stoupatheion"
Leotoros Pentelis 141, Halandri
Athens

A demonstration day school which serves primarily moderately retarded children.

Idryma Prostasias Aprosarmoston Paidon- Theotokos Agioi Anargyroi Attica	(Theotokos Foundation for the Protection of Unadjusted Children)

A boarding school with some day pupils which serves borderline and mildly retarded children.

A unique development is the Psycologikon Kentron B. Hellados (Psychological Center for Northern Greece), in Retziki, Thessaloniki, created after World War II with contributions from various countries, by the present director, Mrs. Tutula Nanakos. It combines a diagnostic and counseling service with a day and boarding school primarily for mildly retarded children. The buildings were designed by an internationally renowned Viennese architect, and contacts with sponsoring groups in Sweden, Switzerland, Germany and other countries are maintained. Some schools have been opened under voluntary auspices in other cities, e.g. Larisa and Patrai.

Work Training - This is also a very poorly developed area. Practical training in living is emphasized in the existing facilities. No special provisions exist for employment of retarded persons. There are no sheltered workshop programs for the mentally handicapped in Greece.

Medical Services - No special program. Patients use the same facilities as other children.

Residential Care -Only a small number of residential institutions for the mentally retarded exist in Greece. Except for the institutions supported by P.I.K.P.A. and already mentioned, there is a limited number of boarding schools for the mildly retarded, mostly private. The majority of retarded adults in care are in psychiatric hospitals.

Financial Assistance - Families fostering severely retarded children or mildly retarded children with severe behavior problems receive additional financial assistance by the state. There is no assistance given to families whose own children are retarded. Financial state assistance is provided for board in institutions.

Recreation - No specialized programs for recreation of retarded persons exist in Greece other than those provided in the schools.

Research - There are small programs primarily carried out at the two University departments of Pediatrics and the Institute of Child Health.

Personnel Training - No training programs for special teachers exist in Greece.

Other Information for Visitors - This can be requested from

Ypourgeion Proedreias Kiverniseos (Ministry to the Prime Minister)
Palaia Anaktora
Athens

(Dieuthynsis Morphotikon Scheseon (Department of Cultural Relations and Studies)

School holiday periods:

December 23 - January 8
One week before and one week after Greek Orthodox Easter
June 20 - September 15

SUPPLEMENTARY INFORMATION

Address change:

Panellinios Enosis Goneon kai
Kidemonon Aprosarmoston Paidon
41 Stadioy, (no. 3)
Athens

Panhellenic Union of Parents
and Guardians of Mentally
Handicapped Children

(In 1970 applied for membership in the International League of Societies for the Mentally Handicapped, having recently organized on a national basis. Publishes a bimonthly journal "Aprosarmostis Pais" (The Mentally Handicapped Child).

GUATEMALA

Area - 42,000 square miles; population - 4,500,000; government - republic with unicameral congress. Guatemala's population is growing at a rate of 3.1% yearly; more than half are pure-blooded Mayan Indian descent, the rest largely of mixed Spanish and Indian descent. An estimated 63% is illiterate; Spanish is the official language but Indian languages are spoken in many rural areas. The northernmost and the most populous of the five Central American Republics, Guatemala is largely dependent on agricultural exports, and about 65% of the people are rural. The city of Guatemala, the capital of one of the 22 Departments and the seat of the national government, has a population of 645,000. There exist wide disparities of income distribution, political instability and serious economic and public health problems.

In addition to programs provided by the Ministry of Public Health and Social Welfare, the Government Social Security Program (Instituto Guatemalteco de Seguridad Social) operates health and rehabilitation facilities, with complete coverage for accidents, maternity benefits and any other common disease of workers and their dependents. Life expectancy is estimated at 49 years and infant mortality is about 50% for children under five years. Guatemala has received technical assistance and financial aid from the United Nations and its specialized agencies.

Primary education is compulsory from 7 to 14 years but in rural districts and areas of traditional native culture many children have only three years and often none, although an active program of school building is being promoted. About 2% of the population have completed one or more years of secondary education and approximately 0.3% have had one or more years of university work, mainly at the University of San Carlos, one of the oldest universities in the Americas, founded in 1679. Within the past ten years two new universities have been founded, the University Rafael Landivar and the University del Valle.

GOVERNMENTAL AGENCIES WITH DEFINITE MENTAL RETARDATION RESPONSIBILITIES

Ministries

Ministerio de Salud Pública y Asistencia Social
(Ministry of Public Health and Social Welfare)
Palacio Nacional, Zona 1

Departmento de Salud Mental (Mental Health Department)

Ministerio de Educación Pública
(Ministry of Education)
Palacio Nacional, Zona 1

Sección de Educación Especial (Special Education Department)

Planning and coordination has been carried on to a certain extent by the Instituto Neurológico de Guatemala, a private organization which is a member of the national (voluntary) Social Welfare Council

Consejo de Bienestar Social
la "C" 4-43, Zona 1

VOLUNTARY ORGANIZATION CONCERNED PRIMARILY WITH MENTAL RETARDATION

Citizen and professional

Instituto Neurológico de Guatemala

Oficinas:
Edificio Briz, 203
6a. Av. 14-33
Zona 1, Guatemala

Centro Psico-pedagogico:
Chalet "Villacé"
2a. Calle 34-15
Zona 7, Guatemala

The Instituto Neurológico was founded in 1961 as a private, non-profit organization, sponsored by parents, other citizens and professional groups. It is affiliated with the International League of Societies for the Mentally Handicapped.

Other voluntary organizations which include some concern for the mentally retarded

Comité Nacional Pro Ciegos y Sordo-mudos
(National Committee for the Blind and Deaf)
9a Calle 3-07, Zona 1

Liga de Hygiene Mental
(League for Mental Health)
4a. "C", 0-27, Zona 1

So far, interest has been peripheral.

RESEARCH

Departmentos de Neurología Pediatrica y de Fisiatría
(Departments of Pediatric Neurology and of Physical Medicine)
Roosevelt Hospital
Carretera Roosevelt, Zona 11

Instituto Neurológico de Guatemala
6a. Av. 14-33, Zona 1

INCAP - Instituto de Nutrición de Centroamérica y Panamá
Unidad de Crecimiento y Desarrolo (Growth and Development Unit)
Carretera Roosevelt, Zona 11

PUBLICATION

Boletín, Instituto Neurológico de Guatemala
4-page printed bulletin, issued monthly, in 1,500 copies.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, consultation to parents - The Instituto Neurológico provides diagnostic and consultation services not only for children accepted in its center but also for others, and more recently has been able to provide some consultation and evaluation services to other centers (in educational and psychological evaluation, speech and physical therapy consultation) through the professional workers who are affiliated as volunteers with the Instituto. The Department of Pediatric Neurology of Roosevelt Hospital has provided diagnosis and counselling, and about 50 mentally retarded persons are seen yearly at the Mental Health Clinic and the Child Guidance Clinic.

Education - There are as yet no special classes for handicapped children in the elementary schools because of the shortage of facilities and trained teachers. The Instituto Neurológico's day school, the Centro Psico-pedagógico, is now serving some 60 children, severely to mildly retarded, from age 3, and, in addition, a few adults. The staff consists of 6 teachers, 2 student aids and 2 nursing aids, in addition to the director and the professional consultants. One other private day school for 22 mildly retarded children exists, and there are special education classes with a small number of retarded children at such residential facilities as the Neuropsychiatric Hospital, the Centro Educativo Asistencial, and the school for the deaf.

Work training and employment - The Instituto Neurológico has recently completed a new building for sheltered work training and hopes later to be able also to offer agricultural training. The mentally retarded are not accepted in the outstanding rehabilitation centers which serve the physically handicapped.

Medical care is provided by private physicians who refer the more obviously retarded to Roosevelt or other hospitals, or to the Instituto Neurológico which can offer, to a limited number, complete medical care in all specialities except surgical intervention.

Residential care is not available in a center specialized for retardation; a limited number of retarded children and adults are cared for in the century-old Recuperación Centro No. 1, an institution for chronically disabled, and in the Neuropsychiatric Hospital, while some mildly retarded are in the large institution for dependent children, Centro Educativo Asistencial.

Financial assistance - Special school fees are based on the family's ability to pay; a few children receive scholarships. The Instituto Neurológico is supported by private donations, fees and public fund raising, and recently has received a small amount of the national lottery receipts.

Recreation - Weekly excursions are a part of the I.N.G. day school program, providing social learning experiences as well as recreation.

Research - The Instituto Neurológico is doing some educational research in didactics based on Piaget's theories; together with the Department of Pediatric Neurology at Roosevelt Hospital medical research has been undertaken in the treatment of convulsive disorders, use of new drugs and congenital toxoplasmosis. The research in the influence of nutrition on mental and physical development being carried on by INCAP, with support from WHO, is internationally known.

Personnel training - Teachers have 5 years of training after 6 years of elementary school; further specialized training is not available although two short term courses have been provided by the Ministry of Education through the regional UNESCO office. In-service teacher training at the Instituto Neurológico is the responsibility of the medical consultant staff who have had extensive training abroad. It is hoped that the University of San Carlos will be able to establish a department for special education.

Planning - On the government's request in 1965, a mental retardation expert from Canada, Dr. B. Goldberg of the Children's Psychiatric Research Institute, London, Ontario, was assigned for several weeks by the U.N. Technical Assistance program to give consultation on existing programs and national planning.

OTHER INFORMATION FOR VISITORS

Information and assistance in arranging visits can be given by the Instituto Neurológico de Guatemala. At least one week's notice is requested.

School holidays:

Christmas vacation is from December 15 to January 7
one week during Holy Week
May 1 (Labor Day)
June 30 (national holiday)
August 15, religious-national holiday
September 15 (Independence Day)
October 20 (Revolution 1944-national holiday)
November 1 (All Saints' Day-national holiday)

HONDURAS

Area - 42,300 square miles; population - 2.4 million. Honduras, one of the largest Central American Republics, was established as an independent country in 1838. It is governed by a President elected by direct universal and secret vote, acting as the chief executive, and by a Congress of Deputies exercising legislative power.

The population, of mixed Indian and Caucasian descent, lives largely in rural areas (79%). The capital city, Tegucigalpa, has 170,000 inhabitants; San Pedro Sula, the next largest city located in the commercial area of the north coast, has a population of 95,000.

The country's economy rests mainly on export of bananas, coffee, timber, cotton and tobacco. Industrialization is proceeding, though not at a rapid pace.

Social welfare and health services and insurance programs are in a beginning stage; with increased national income more funds must be allocated to them.

The law makes elementary education compulsory but there is an acute shortage of school buildings and teachers and the illiteracy rate is still high (45%).

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministerio de Educacion Secretaria de Educacion Publica Departamento deEducacion Primaria Teguciagalpa, D.C.	(Ministry of Education) (Secretariat for Public Education) (Department of Primary Education)
Ministerio de Trabajo y Asistencia Social Instituto de Seguridad Social Teguciagalpa	(Ministry of Labor and Social Welfare) (Social Security Institute)
Ministerio de Sanidad Teguciagalpa, D.C.	(Ministry of Health)

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

There is no specific general legislation on mental retardation and only one specialized facility for the mentally retarded, officially part of the public education system, under the direction and financial support of the Department of Primary Education:

Escuela de Ensenanza Especial Bajos del Hogar Rotario Tegucigalpa, D.C.	(School of Special Education)

The school functions in two sections, one for deaf mutes and one for mentally deficient children. It serves 90-100 boys and girls between the ages of 5-14, of whom 60 are mentally retarded. Most of the children are day pupils, but there is a boarding section for 22 children who come from outside the capitol city. Schooling is free but there is a charge for board. Children whose admission is requested are examined at the school, from the intellectual, social and medical point of view.

Emphasis is given to character training and social education, and to the extent possible, training in domestic and industrial arts in addition to elementary reading, writing and arithmetic. Usually pupils are no longer supervised by the school once they have left it. Sometimes it has been possible to help them find a place as apprentices.

The school's program is limited by a very low budget and no additional aid is received from other official sources or voluntary agencies.

The Director of the school has had training abroad, but the teachers are primary education teachers who have had no specialized training.

To a very limited degree, some services for the severely retarded are provided by the psychiatric annex of a general hospital.

The Patronato Nacional de Rehabilatación dos Inválidos (National Board for Rehabilitation of the Disabled), an official agency formed in 1960, is unable financially to provide services to mentally deficient persons, being primarily concerned with the physically handicapped, in particular, polio victims.

Information for Visitors - Requests for information and assistance in arranging a visit can be directed to:

Dr. Asdrúbal Raudales A.
Director, Escuela de Enseñanza Especial
Bajos del Hogar Rotario
Tegucigalpa, D.C.
República de Honduras

School holidays are from November 15 to February 1.

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HONG KONG

Area: 398 square miles of which only 22% is habitable. Government: British Crown Colony. From an estimated 2.5 million in 1956, the population had risen to 3.79 million by end of 1966 (50% is under 21 years of age) imposing a severe burden on social services. About 98 % could be described as Chinese on the basis of language and origin. English is the official language. Under the general direction of the Colonial Secretary, the administrative functions of government are discharged by some 30 departments, all the officers of which are members of the Civil Service.

GOVERNMENTAL AGENCIES WITH SPECIFIC RESPONSIBILITIES FOR THE MENTALLY RETARDED

Medical and Health Department

Mental Health Service,
Medical and Health Department,
Hong Kong Psychiatric Centre,
High Street, Hong Kong.

Education Department

Miss J. E. Rowe, Senior Education Officer (Special Education)
Education Department,
Fung House,
Connaught Road Central, Hong Kong.

Social Welfare Department

Miss Daphne Ho, Principal Social Welfare Officer (Rehabilitation)
Social Welfare Department,
Lee Gardens, 4th floor, Hysan Avenue,
Causeway Bay, Hong Kong.

Coordinating Body

See item "*Planning*" under BRIEF DESCRIPTIVE NOTES.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

citizen: Hong Kong Association for Mentally Handicapped Children and Young Persons
Mr. Ieuan Hughes, Chairman
c/o Department of Extra Mural Studies, University of Hong Kong,
Pokfulam, Hong Kong.

Including mental retardation

British Commonwealth Save the Children Fund
Miss J. Rowell, Administrator
613 Shaw's Building, Nathan Road
Kowloon, Hong Kong.

The Spastics Association of Hong Kong
Dr. Johnson Lee, Hon. Secretary,
c/o The Paediatric Unit, Queen Elizabeth Hospital
Kowloon, Hon Kong.

RESEARCH

See item "*Research*" under BRIEF DESCRIPTIVE NOTES.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Clinical assessment - No properly standardized intelligence test has yet been devised for Hong Kong and the applicability of Western constructed and standardized tests for use with Chinese children has often been queried. However, some tests have been translated and adapted. The Child Guidance Centre of the University of Hong Kong undertakes, on request, testing for suspected mental retardation. Evaluations are also done by staff members of the Social Welfare Department and of the Special Education Section of the Education Department.

Education - The Education Department is responsible for all educational facilities for mentally handicapped children. Its policy is to encourage voluntary organizations to expand special school facilities for children who require this form of education by giving financial assistance to schools which have reached the required standard. It advises and supervises all special schools and classes, and also operates experimental classes for slow-learning children in government primary schools. The first special school was started by a parents' association in 1964. Two day centers serving 140 moderately retarded children are supported by the Social Welfare Department.

Work training and employment - Since 1959, the Social Welfare Department has undertaken placement of the disabled in open industry including a small number of mentally retarded.

Medical care - Psychiatric advice and medical care for children in residential care are provided by the Medical and Health Departments. Maternal and Child Health services are of significance in prevention.

Residential care - There are three residential facilities ranging from 10 to 70 beds, two subsidized by the Social Welfare Department and serving primarily severely multi-handicapped abandoned children. The third will be expanded to provide care for 200 severely and profoundly retarded children and adults under the Medical and Health Department. An additional 100 mentally retarded persons are in residence in the Social Welfare Department's 600 bed Rehabilitation Center with a specially designed section for the 60 who are children.

There is no special legislation referring to the mentally retarded as such; under the 1960 Mental Health Ordinance they are included under the term "mentally disordered" for voluntary or temporary admission or treatment in the psychiatric hospital.

Financial assistance - There are no disability allowances payable in Hong Kong. For both the physically and mentally handicapped who are destitute, material relief in the form of cooked food or dry rations is provided from public funds by the Social Welfare Department which offers comprehensive counseling and referral services. However, in certain hardship cases cash grants may be payable.

Chinese traditional, regional and religious organizations and other voluntary welfare organizations which abound in Hong Kong provide considerable financial and material aid, counseling and various forms of service for the sick and the handicapped.

Research - The Research Testing and Guidance Section of the Education Department is preparing standardized attainment tests for Chinese children in Hong Kong. The Special Education Section is experimenting with remedial teaching methods for retarded children.

Personnel training - Five persons in the Social Welfare Department have attended overseas courses of training for work in this field. The Special Education Section runs one year in-service training courses for teachers of handicapped children. All the officers who run these courses have received specialized training overseas.

Planning - The Social Welfare Department in conjunction with the Hong Kong Council of Social Service is in the midst of drawing up a five year plan for the development of voluntary and governmental services in the social welfare field for the care, training and employment of the mentally retarded. Close liaison is maintained with the Medical and Health Education Departments and Labor Department in this field. The recently formed Joint Council for the Physically and Mentally Disabled (1102 Alexandra House), a division of the Hong Kong Council of Social Service, helps to promote the coordination of services particularly among voluntary agencies.

OTHER INFORMATION FOR VISITORS

The Social Welfare Department, the Education Department and the Medical and Health Department will gladly arrange a programme for a professional visitor or a group of visitors. It would be desirable for at least a fortnight's notice to be given beforehand.

School holidays - Summer vacation - middle of July through August; Christmas vacation of two weeks; Chinese New Year Holiday - 9 days (in 1969 - February 14 to 22); Easter and Ching Ming holiday - 2 weeks; in addition, there are 7 special one-day holidays during the year.

SUPPLEMENTARY INFORMATION

Address corrections (see page 2)

Hong Kong Association for Mentally Handicapped Children
and Young Persons
Room 702 Fung House
19-20 Connaught Road.C.
HongKong

British Commonwealth Save the Children Fund
Miss J. Atkins, Administrator
(same address)

The Spastics Association of Hong Kong
Mr. Christopher Halfner, Chairman
c/O Spence Robinson & Company
Alexandra House
Des Voeux Road C.,
Hong Kong

HUNGARY

The Hungarian People's Republic has a population of 10 million and occupies a territory of 36,000 square miles, bordering Austria on the West, Yugoslavia in the South, Rumania in the East, Czechoslovakia in the North and - for a brief distance - the USSR in the Northeast. It has a fairly moderate climate and most of the land is a flat plain.

The native language is Magyar, which is somewhat related to Finnish. About 2/3 of the population are Catholic, most of the remainder are of the Protestant faith. The educational system provides for 8 years of compulsory schooling.

Hungary's system of government looks to the National Assembly as the highest state authority. The Assembly in turn elects from its membership the Presidential Council of 20 members and one secretary, who constitute the collective head of State. The Council of Ministers, consisting of a Prime Minister, five Deputy Prime Ministers, one Minister of State and 21 members, exercises the actual executive-administrative functions of government.

While Hungary continues to depend heavily on agriculture for export, its rate of industrialization has increased rapidly and added to its economic strength and trade position.

Special education had its beginnings in Hungary in 1802 with a special school for the deaf and dumb. Before 1945 there were special school places for only about 2,000 pupils; now approximately 1-1/2% of the school age population is receiving special education and special schools have been set up wherever three or more classes are needed. Otherwise, classes are part of the regular school.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministries

Müvelödésügyi Minisztérium Közoktatásügyi Föosztály Alsófoku Oktatási Osztály Szalay utca 10-14 Budapest V.	Ministry of Education Department of Public Education Elementary Education Section Head: György Kálmán
Egészségügyi Minisztérium Szociálpolitikai Föosztály	Ministry of Health Department of Social-Politics Dr. Iajos Völgyi
Anya- és Gyermekvédelmi Föosztály Akadémia utca 10 Budapest V.	Dept. of Mother and Child Care Dr. Gabriella Tiborcz

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Other official agencies

Fővárosi Anyavédelmi Központ	Municipal Center of Moter Care Head: Dr. Zoltán Bognár
Teratogenetikai Ambulancia Bakáts tér 10 Budapest IX.	Out-Patient Department of Teratogenetics Chief: Dr. László Horváth
Országos Közegészségügyi Intézet Genetikai Munkacsoport Gyáli ut 4 Budapest IX.	State Institution of Public Health Section of Genetics Chief: Dr. Endre Czeizel

Provincial agencies

Megyei Tanács Müvelődésügyi Osztály és Egészségügyi Osztály	County Council Department of Education and Department of Health

Provincial agencies are in each of the 19 counties.

National planning and coordination - This is the responsibility of the above Ministeries.

VOLUNTARY ORGANIZATIONS

There are no voluntary or professional organizations concerned only with problems of the mentally retarded. Parents are encouraged to participate in the Parents and Teachers Associations of the various schools which coordinate school education with home education.

The following organizations include concern for mental retardation:

Magyar Pszichológiai Tudományos Társaság Gyógypedagiógiai Pszichológiai Szekció Mere[illegible] utca 1 Budapest XII.	Hungarian Scientific Association of Psychology Section Psychology of the Handicapped Chairman: Flóra Illyés-Kozmutza,Ph.D. Secretary: Agnes Lányi-Engelmayer,Ph.D.
Orvosi/Klinikus/Szekció	Section of Clinical Psychology Chairman: Dr. Pál Juhász Secretary: Dr. Erzsébet Moussong-Kovács
Magyar Pedagógiai Társaság Gyógypedagógiai Szakcsoport Gorkij fasor 10 Budapest VI.	Hungarian Association of Pedagogy Section on Special Education Chairman: Éva Földes, Ph.D.
Magyar Rehabilitációs Társaság Frankel Leó utca 38-40 Budapest II.	Hungarian Association of Rehabilitation Chairman: Dr. Béla Egyed Secretary: Dr. Mária Tarnóczy

Magyar Vöröskereszt Arany János utca 31 Budapest V.	Hungarian Red Cross Chairman: István Rostás

RESEARCH

Magyar Tudományos Akadémia Pszichológiai Bizottsága Münnich Ferenc utca 7 Budapest V.	Hungarian Academy of Sciences Committee of Psychology Chairman: Prof. László Mátrai
Magyar Tudományos Akadémia Orvosi Osztálya Roosevelt tér 9 Budapest V.	Hungarian Academy of Sciences Division of Medicine Chairman: Prof. Pál Gömöri

Studies are also carried on by the Ministries of Health and of Education and the above listed official agencies

PUBLICATIONS

Gyógypedagógia	Special Education
Gyermekgyógyászat	Pediatrics
Magyar Pszichológiai Szemle	Hungarian Review of Psychology
Ideggyógyászati Szemle	Review of Neurology and Psychiatry
Orvosi Hetilap	Medical Weekly
Népegészségügy	Journal of Public Healt-
Szocialis Gondoskodás	Social Care

The above mentioned periodicals may be ordered from Kultura Comp., P.O.B., Budapest 62.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - There exists the possibility of case finding at the network of child guidance clinics in most of the 19 counties. The Training College for Teachers of Defective Children (Bethlen tér 2, Budapest VIII.) maintains a central advisory out-patient clinic specifically responsible for diagnosis and care of handicapped children.

Education - Special education in Hungary is identified with "Heilpaedagogie" (curative education) and is an organic part of public education under the Ministry of Education. This compulsory education extends to handicapped children under separate programs for the mentally, physically, sight, hearing or speech handicapped, and covers kindergarten and school-age children from 6 to 16 years of age. Below and above that age the handicapped are the responsibility of the Ministry of Health. The Act for Compulsory Education guarantees the right to learn. Classes for retarded children are organized on the educable and the trainable levels. In 1966, 20,000 children were in such classes; this number had risen to 26,000 by 1969, accommodated in 41 boarding schools, 66 auxiliary schools and 288 special classes adjoined to normal primary schools. There is much stress on prevocational training, particularly in the classes on the trainable level.

ICELAND

The Republic of Iceland is an island of volcanic origin, located in the Atlantic Ocean close to the Arctic Circle. Thanks to the warming effects of the Gulf Stream, Iceland has a very moderate climate in summer and winter. With a population of 200,000 it occupies 40,000 square miles. Iceland was an independent republic from 930 to 1262 (its parliament is the oldest parliamentary assembly in the world), then was united with Norway until 1380 when both countries came under Danish rule. Although Denmark acknowledged Iceland's independence in 1918, it was not until 1944 that the country severed all governmental ties with Denmark.

Head of the State is the President, elected for a four year term, but the actual executive power is vested in the Prime Minister and his Cabinet. The parliament, called Althing, is elected also for four year terms and sits divided into an upper and lower house.

The fishing industry is Iceland's principal national resource and export. Sixteen percent of the population is involved in agriculture. Industry has been greatly expanding in recent years and there is a great potential for hydroelectric development.

The educational system provides for eight years of compulsory schooling and there is virtually no illiteracy. Iceland has four colleges and a State university. The State church is Evangelical Lutheran and more than 90% of the population belong to it. The Icelandic language is closely related to Old Norse and in contrast to the other Nordic languages has undergone little change through the centuries.

The first specialized facility for the mentally retarded was a private home for children opened in 1930. A law was adopted six years later authorizing the State to provide training, treatment and care, including a residential institution for profoundly retarded, residential work centers for adults, and school homes for mildly and moderately retarded. In 1967 a new law named the residential home at Kópavogi as the central institution to be responsible for public residential and day programs. Approximately 1% of the population is considered mentally retarded, as in the other Nordic countries.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Heilbrigdismálaráduneytid Laugavegi 172 Reykjavík	Department of Health
Menntamálaráduneytid Hverfisgötu 6 Reykjavík	Department of Education

Planning and coordination

Fávitahaelid í Kópavogi Kópavogi	State Residential Home for the Mentally Retarded, Kópavogi
Bjorn Gestsson, forstödumadur	Superintendent
Ragnhildur Ingibergsdóttir, yfirlaeknir	Chief Physician

Work-training and employment - Mentally retarded persons over 16 years of age are receiving basic vocational training and employment in the Rehabilitation Center of the Ministry of Health (Majusegy ut 21, Budapest XIV). One of the Center's responsibilities is to organize sheltered workshops and work training centers of which as yet few are in existence.

Medical care - All citizens of Hungary get medical care free of charge.

Residential care - Low grade mentally retarded persons - under IQ of 30 - live in State Centers, while those of trainable or educable level may go to boarding schools, if no special class is available at their place of residence. Children are admitted to institutions or boarding schools only after several detailed examinations by a specialized team.

Financial assistance - Higher family allowances are paid to families with mentally retarded children. The handicapped person himself is entitled to a special pecuniary assistance.

Research - A central institute for the scientific study of the handicapped is now to be established. Research is carried out in many university departments and hospitals, mainly at several institutions of the Training College for Teachers of Handicapped Children, founded in 1900.

Personnel training - Teachers of handicapped children have a four year college level training program at the Training College in Budapest, or else have to follow a five year correspondence course.

OTHER INFORMATION FOR VISITORS

Visitors from abroad wishing assistance in planning visits to facilities should write to either the Ministry of Education or the Ministry of Health, or both.

School holiday periods - The official school year begins in every school on the 1st of September and lasts until mid-June, with two weeks holiday for Christmas and another week holiday for Easter.

Work-training and employment - Work-training to some extent is given in the institutions mentioned below. Two workshops for handicapped people have accepted a limited number of mentally retarded people. These are:

Múlalundur - Öryrkjavinnustofur S.Í.B.S.
Ármúla 16
Reykjavik

Reykjalundur - Vinnuheimili S.Í.B.S.
Mosfellssveit
Gullbringu - og Kjósasýslu

There is noagency for employment of the mentally retarded in Iceland. This is usually handled by the staff in charge of the institutions or privately by the patient's family.

Medical care - There are two physicians on the medical staff at Fávitahaelid í Kópavogi (Dr. Ragnhildur Ingibergsdóttir and Dr. Saevar Halldórsson). The district physicians are responsible for the medical care of the patients in the other institutions. Iceland has socialized medicine.

Residential care - In addition to the Home for the Mentally Retarded in Kópavogur (which is run by the state) there are four other institutions for the retarded in Iceland. These are all private institutions but are officially supervised by the Home for the Mentally Retarded in Kópavogur representing the Department of Health. The Home for the Mentally Retarded in Kópavogur has 150 patients. The other four institutions are:

Sólheimar (45-50 patients)
Grímsnesi
Árnessýslu

Skálatúnsheimilid (50 patients)
Mosfellssveit
Gullbringu - og Kjósasýslu

Tjaldanes (16 patients)
Mosfellssveit
Gullbringu - og Kjósasyslu

Lyngás, leikskóli og dagheimili (day care only - 45-50 patients)
Safamýri 5
Reykjavík

Financial assistance - All the institutions are completely financed by the state and the towns and districts. However, there have always been some private contributions. A small tax on soft drinks provides special financing for mental retardation programs.

Recreation - Most of the institutions have some recreation programs that are mainly sponsored by volunteers.

Research - Rannsóknarstofa Erfdafraedinefndar, Rannsóknarstofu Háskólans (Research Laboratory in Genetics) is doing some research on mongolism and other chromosome abnormalities. Amino acid screening program on a limtied scale is done at Fávitahaelid í Kópavogi.

VOLUNTARY ORGANIZATIONS

Styrktarfélag vangefinna Laugavegi 11 Reykjavík	Association in Aid of the Mentally Retarded

This parent sponsored association was founded in 1958 and has carried on an active program, including establishment of a day school for preschool children and the more severely retarded of school age.

Styrktarfélag lamadra og fatladra Háaleitisbraut 13 Reykjavík	Association in Aid of the Handicapped

This association is affiliated with the International Society for Rehabilitation of the Disabled.

RESEARCH

Fávitahaelid í Kópavogi Rannsóknarstofa Kópavogi	Home for the Mentally Retarded, Kópavogi, Research Laboratory
Rannsóknarstofa Erfdafraedinefndar Rannsóknarstofu Háskólans v/Barónstíg Reykjavík	Research Laboratory in Genetics

PUBLICATIONS

Gedvernd, published by: Gedverndarfélag Íslands
Veltusundi 3
Reykjavík

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Services are available at the Child Guidance Clinic and Well-Baby Clinic in Reykjavík; in most part, however, these are in the hands of the practicing physicians and the staff of the various hospitals throughout the country. They have access to the services of specialists in neurology, pediatrics, psychiatry, etc., and the various other disciplines such as psychology, speech and hearing.

Education - In the residential institutions there are academic programs for the educable in addition to occupation therapy, music therapy etc. In Reykjavík there is a special school for some 100 mentally retarded children who are educable and living at home. This school is:

Höfdaskóli
v/Sigtún
Reykjavík

A few of the regular schools have special classes for children of dull normal intelligence or with mild mental retardation.

Personnel training - At Fávitahaelid í Kópavogi there is a two year school program during which the students are trained to take care of mentally retarded people.

Planning - There is no official planning with regard to prevention; this consists mainly of improving prenatal care, obstetrical care, well-baby care, genetic counseling, etc. The standard in architectural design of the institutions has always been very high and advances are still being made.

OTHER INFORMATION FOR VISITORS

Information may be obtained from the Department of Health:

Heilbrigdismálaraduneytid
Laugavegi 172
Reykjavík

School holidays - are from May 15 to September 1.

SUPPLEMENTARY INFORMATION

An additional private institution has been openedin 1970: (40 in residence and 10 in day care).

Vistheimilió Sólborg
Akureyri
Eyjafjaròarsýsla

INDIA

India, an independent republic since 1950, occupies 1,262,000 square miles and has a population of 540 million. The constitution provides for a President, a bicameral Parliament, and a Council of Ministers headed by the Prime Minister who is effectively the Head of State. India is a federation of States, each of which has a Governor. The central government has considerable power vis a vis the States, and there is only limited autonomy for local government.

Eighty percent of the people live in rural areas and agriculture is the main occupation, producing both foodstuffs and cotton, rubber, lumber, etc. Next in importance to agriculture are textile industries, but there are also industrial plants producing steel, chemicals, machinery, etc.

There are twelve main languages of which Hindi is spoken by almost half the population. It is now the official language, with English being the associate language. Eighty-five percent of the people follow the Hindu religion. Literacy is estimated at about 30%. The capital city, New Delhi, has a metropolitan area population of nearly 3 million, while Calcutta has over 6 million inhabitants.

India is a land of great contrasts, with extreme deprivation in many rural districts and urban areas, and a relatively high level of industrialization and standard of living in cities like Bombay, New Delhi and Madras. Despite the many serious problems facing India at this point in her long history, mental retardation has received attention in both the governmental and voluntary sectors along with other disabilities.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Department of Social Welfare
Government of India
Shastri Bhawan
New Delhi

This Department is responsible for education, training and rehabilitation of the mentally retarded.

Ministry of Health
Nirman Bhawan
New Delhi

This Department is responsible for diagnosis, treatment and guidance.

At the State level, Ministries of Health and Social Welfare deal with the treatment and rehabilitation of the mentally retarded in their states.

There are various hospitals and clinics working under Ministries of Health where diagnostic and treatment services are provided. Directorates of Social Welfare under the Ministry of Education or Social Welfare look after institutions where care, education and training facilities are provided for the mentally retarded.

Planning and coordination - The National Advisory Council for the Handicapped, consisting of representatives from the various State Governments and voluntary organizations and experts appointed by the Department of Social Welfare, prepares plans for the rehabilitation of the mentally retarded at the national level. The National Planning Commission consults with the Department of Social Welfare while preparing the plan for the country as a whole.

VOLUNTARY ORGANIZATIONS

There are three national associations which are directly concerned with the rehabilitation of the mentally retarded in India:

Federation for Welfare of the Mentally Retarded (India)
Mrs. S. V. Char, Hon. General Secretary
c/o Child Guidance Clinic
College of Nursing
12 Jaswant Singh Road
New Delhi-1

Established in 1966, two years later the Federation had member societies in 7 States (New Delhi, Bombay, Punjab, Madras, West Bengal, Bangalore, Gujarat and Uttar Pradesh).

All India Association on Mental Retardation
c/o K. G. Agrawal
C-30, NDSE
New Delhi

Both organizations have held national conferences. The All India Association (primarily with professional orientation) was accepted as an affiliate member and the Federation as a national member of the International League of Societies for the Mentally Handicapped.

Indian Society for Rehabilitation of the Handicapped
"The Amarind"
15th Road
Khar, Bombay

The majority of the institutions for the mentally retarded are run by voluntary organizations which are registered societies whose members are mostly parents, teachers and social workers.

RESEARCH

Department of Social Welfare
Government of India

Ministry of Health
Government of India

(At the State level, Health Ministries and Social Welfare Ministries)

PUBLICATIONS

Mental Retardation Digest	Published quarterly by the Federation for Welfare of the Mentally Retarded.
Indian Journal of Mental Retardation	Published twice yearly by the All India Association on Mental Retardation
Journal of Rehabilitation in Asia	Published by the Indian Society for Rehabilitation of the Handicapped

Directories

Institutions for the Mentally Retarded in India	Published by the Federation for Welfare of the Mentally Retarded
Clinics Helping the Mentally Retarded in India	Published by B.M. Institute, Ahmedabad

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Usually the parents go to various general hospitals for consultation and, if advised by the medical practitioner, the children are examined by the specialists in departments of pediatrics, psychology, psychiatry, neurology, etc. These services are available mostly in larger cities. People who live in small cities and villages have to come to these places for specialized services.

Education - There are about 60 facilities (day and residential) for the mentally retarded in India. Most impart some education and training, particularly in various kinds of handicrafts. A limited number of special classes for the mildly retarded were recently established in two regular schools in the city of Bombay.

Work-training and employment - Aside from the handi~~capped~~craft training mentioned above (which may, for example, include loom weaving of good and marketable quality), there are few specialized sheltered workshops for the mentally retarded as such, but a number of workshops for the disabled are now including mentally handicapped persons.

There are no special employment exchanges to help the mentally retarded to obtain jobs. The Special Employment Exchanges for the Handicapped do not include the mentally retarded in their program. Some thought is being given to this problem.

Residential care - While mentally deficient persons have been accepted in some nursing homes and homes for destitute persons, in general India's extended family system has meant they were cared for at home. The first residential home for retarded children was opened in 1941 as a special unit of a home managed by the Children's Aid Society of Bombay. This was followed in 1944 by the establishment of a School for Children in Need of Special Care, under private auspices, also in Bombay. The large increase in facilities has mainly taken place since the mid-1950's; about half of the existing programs are residential although many of them also accept some day pupils.

Medical care - Most of the institutions have a medical officer attached. Treatment is also given in various private and public hospitals.

Financial assistance - Only one institution for the mentally retarded is under the Central government (New Delhi) Three institutions are run by State governments (New Delhi, Chandigarh and Rajkot). The rest of the institutions are managed by voluntary organizations, mostly registered societies, having as members parents, social workers and specialists. These voluntary organizations receive financial assistance both as donations from the public and as grants from Central as well as State governments, apart from subscriptions from the members and fees charged.

Research - Medical-biological research is being carried on in some of the major medical centers and hospitals; and studies in the educational and social areas are being undertaken in a number of institutions, including schools of social work. It is felt, however, that major emphasis must be put on provision of services, considering the limitation of funds.

Personnel training - In two teacher training colleges diploma courses are given for teachers of the mentally retarded. In-service training courses for teachers are provided in various centers - for example, at the Model School Kasturba Niketan, in New Delhi (Central government, Department of Social Welfare) and the Sharada School for the Mentally Retarded in Ahmedabad (private - B.M. Institute).

Schools of Social Work in different parts of the country take interest in training social workers to work with the mentally retarded. Major among them are the Tata Institute of Social Sciences, Bombay; Delhi School of Social Work, Delhi; Kashi Vidyapith School of Social Work, Varanasi.

Planning - The Federation for the Welfare of the Mentally Retarded is trying to work in this direction. The Second All India Conference on Mental Retardation organized on behalf of the Federation by the Maharashtra Council for Retarded Children (held at Bombay in November, 1968), discussed these problems in detail, as reported in the Conference Proceedings.

OTHER INFORMATION FOR VISITORS

Requests may be directed to the Department of Social Welfare, Government of India, Shastri Bhawan, New Delhi.

School holidays - Most schools in the North are closed from mid-May to mid-July; those in the South are closed from mid-April to the end of June.

INDONESIA

Area - 735,865 square miles; population 111 million. Indonesia,with about 3,000 islands, is the world's largest archipelago. Java, one of the largest islands on which the nation's capital Djakarta is located, is with 1,000 inhabitants per square mile, one of the world's most densely populated areas.

Many different races are represented in the population which to about 90% is Moslem, with the remaining 10% made up by Hindus, Buddhists and Christians.

The country, for 300 years a Dutch colony until invaded and occupied by the Japanese in 1942, proclaimed its independence in 1945 as the Republic of Indonesia. In the succeeding years it went through a succession of governmental reorganizations and internal strife. The present government was constituted by the military in 1966.

In 1968 the People's Consultative Assembly appointed General Suharto full President under the 1945 Constitution; the highest organ of the state is the People's Consultative Assembly which determines the broad outlines of the state policy, half of whom are members of the House of Representatives while the other half consists of delegates of the regional territories and the functional group. The President holds wide executive powers under the Constitution.

Indonesia is still overwhelmingly an agricultural country (rice, coffee, maize, pepper, tea, sugar, etc.) but its natural resources of oil, coal, tin, copper, manganese, gold, etc., provide an excellent basis for major industrial developments.

Social welfare services have developed slowly. Social insurance is limited to a very restricted health insurance for certain groups of employees and a similarly restricted work injury compensation scheme.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Departemen Pendidikan dan Kebudajaan Djakarta	Department of Education
Pendidikan Luar biasa	Section for Special Education
Pendidikan Suru untuk Anak2 Tjatjak	Section for Training of Teachers of Handicapped Children
Badan Koordinasi Sekolah2 Swasta unduk Anak2 Tjatjat	Section for Coordination of Private Schools for Handicapped Children
Departemen Kesedjahteraan Sosial Direktarat Rehabilisasi Djakarta	Department of Social Affairs Directorate for Rehabilitation
Departemen Kesehatan Djakarta	Department of Health

Planning: Some planning on a national level is being done by the National Federation for Social Welfare for Mentally Handicapped Children. (Secretary: Mrs. Sukanwa, Pekuningratan 30, Jogjakarta)

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation:

Jajasan Sumber Asih
c/o Mrs. J. M. Rumambi, Chairman
Dj. Patimura 5
Djakarta

Foundation "Source of Love"

Founded by Mrs. Kho Lien Keng in 1957, and another mother of a severely retarded son, the society has undertaken to provide information to the public and parent counselling, but its primary efforts have been to provide education and training for moderately and severely retarded children in the day school started in 1959; "Panti Gana Sumber Asih," which now serves over 50 in the main center and two other small units. Assistance has been received in recent years from the Dutch Werelddiakonaat (mercy missions) and the Dutch national (Protestant) parents association "Philadelphia."

Jajasan Asih Budi
c/o Mrs. H. Soerjomihardjo, Chairman
Dj. Mendut 13
Djakarta

Foundation "Mind of Love"

This society, founded by Mrs. Soerjomihardjo in 1957, together with parents, similarly provides schooling and consultation primarily for mildly retarded children. It receives limited financial assistance from the Ministry of Education (for the salary of one of the 12 teachers and for purchase of some educational materials). More than 100 children are served.

Federasi Nasional Indonesia untuk
  Kasedjahteraan Penderita tjatjat mental
c/o Mrs. Sukanwa
Pekuningratan 30
Jogja Karta

National Federation for Welfare
for Mentally Handicapped Children

A request for membership in the International League of Societies for an association with this title has been received from Magelang; fuller information is not yet available.
c/o Dr. J. Sadjiman, Chairman
32 Dj. Djendral A. Yani
Magelang

Other facilities providing services for retarded children:

Alpa Kumara Warhana (School)
c/o Mrs. Sutadji, Secretary
Dj. Raja Dr. Sutomo 86
Surabaja

Dharm Renering Putra (School)
Dj. Djendral Sudirman 36
Djakarta

Rindang Kasih Setian
Magelan
(Boarding school run by a
society of doctors' wives)

Panti Asih
Rumah Sakit Bethesda
Pakem, Jogjakarta
(Sponsors a home for prfoundly
retarded children)

Voluntary organizations which include concern for the mentally retarded:

Badan Kerdja Sama Panti Asuhan Mrs. Nasution, Chairman Dj. Madura 5 Djakarta	Coordinating body of voluntary agencies concerned with orphanages
Lembaga Kesedjahteraan Keluarga Dj. Djohar 4 Surabaja	Institute for Family Welfare

Respon sible for a school directed by Miss Silooy, at Dj. Tjindaan 33, Surabaja

Budi Karya Mrs. Hasan Askar, Secretary Dj. Tjimandiri 32 Djakarta	Society for Founding and Maintaining a Sheltered Workshop
Jajasan Pemeliharran anak tjatjat (J.P.A.T.) Mrs. D. Soeharso, Secretary 316 Overate Slamet Rijadi Solo, Surakarta	Indonesian Society for the Care of Crippled Children

Also, in Djakarta, the Society of Teachers of Schools for Handicapped Children and the Committee of Health and Social Welfare for Handicapped Children of The Council of Churches have been interested.

RESEARCH

Badam Penilitihan dan Penindjaan Jogjakarta	Research body for social welfare
Projec Pertjotohan Rehabilitasi Penderita Tjatjat Mental Dr. Kartini, Temanggung Central Java	Pilot project for rehabilitation of the retarded

PUBLICATIONS

"New Horizons," quarterly review of rehabilitation in Indonesia, issued since 1964 by the Rehabilitation Center in Solo, Surakarta, frequently includes information on mental retardation.

"Berita Sumber Asih" - publication of Sumber Asih.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - Children are assessed and referred to available services by general practitioners and pediatricians. Before acceptance at the schools of Sumber Asih and Asih Budi, each child is tested at the Department of Psychology of the University of Indonesia, and continuing evaluation is carried on by a team of consultants. Consultation to parents is considered an important function of the various groups providing services.

Education - In addition to the schools noted above under voluntary societies, there are a number of others under private auspices, including a boarding school established in the mid-1950's by a Roman Catholic Order in Madiun, Central Java.

Perjntis Pendidikan Luar Biasa
Mr. Moh Amin, Director
Dj. Tjipaganti, 146
Bandung

This is a semi-governmental boarding and day school complex for "exceptional" children, including sections on the trainable, as well as educable level. Teachers and the building are provided by government funds; maintenance is from private sources.

Each school develops its own program; in general much attention is paid to social training, and class size is held small (8 to 12 in a group).

An effort is underway to provide special instruction for retarded children in the ordinary public schools.

Work training and employment - Pre-vocational training is emphasized in the schools and some articles are made for sale. There is little experience yet in providing jobs to ex-pupils. The sheltered workshop "Budi Karia" is providing employment for deaf, mute and mentally handicapped persons.

Residential care - There are at least two boarding schools for mildly retarded children and six for moderately and severely retarded children. The first effort to provide special care for profoundly retarded children was started in 1968 for 25 children by the society "Panti Asih."

Financial assistance - Some private schools receive government subsidy but most depend primarily on private donors.

Personnel training - The training college for exceptional education in Bandung has a section for mental retardation, as do also the IKIP University departments in Jogjakarta, Surabaja, Djakarta and Bandung. Plans are underway to provide in-service training for teachers of special classes in Central Java.

A Dutch educator specialized in teaching the moderately and severely retarded has provided a two-year training course for teachers, attended also by teachers of motor and sensory handicapped children. This has been held under the sponsorship of Sumber Asih in Djakarta.

Courses for rehabilitation workers given by the Solo Rehabilitation Institute include the subject of mental retardation.

OTHER INFORMATION FOR VISITORS

Requests for information may be made to:

The Special Education Section (Pandidikan Luar biasa)
Department of Education
Djakarta

or to the voluntary societies.

School Holidays: The main vacation period lasts from the beginning of December through the middle of January.

IRELAND
(EIRE)

Area - 27,136 square miles; population - 2.8 million, predominantly of Celtic origin and Roman Catholic in faith. After 700 years under British rule in 1921 the island became a self-governing dominion, with the exception of six of the nine counties of Ulster, in the northeast corner, which remained a part of the United Kingdom. Since 1948 Ireland has been an independent republic, governed by the president, premier, senate and house of parliament (Dail Eireann).

About 55% of the population is non-urban; agriculture and food processing is a main economic resource although metals, textiles and other industries, including tourism, are steadily increasing. For many years emigration was high and there was a declining population rate which has, however, been reversed since 1961.

Education between the ages of 6 and 14 is free and compulsory; study of the Gaelic language is required in the national schools and is the language spoken in many areas of the country. Health services are well developed, providing free care for all with infectious diseases, and for the lower and middle income groups needed services are free or at moderate charges. The Social Welfare Act of 1952 provides an insurance program; a voluntary health insurance scheme is available for upper income groups. Rehabilitation services for the physically disabled, the blind and deaf, are well developed.

There is no special legislation dealing with the mentally handicapped who are included under the provisions related to general health, education and welfare services. The definition of mental handicap, as adopted by the governmental Commission of Inquiry in 1965, includes "those who by reason of arrested or incomplete development of mind, have a marked lack of intelligence, and either temporarily or permanently, inadequate adaptation to their environment", a statement implying that with care, treatment and education, many handicapped will be able to live socially independent lives. A three-level terminology is in use: mild, moderate and severe. Until 1957 special services were based almost entirely on residential centers; since then community based programs have been increasingly provided.

GOVERNMENTAL AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Department of Health,
Custom House, Dublin

Department of Education
Marlborough Street, Dublin

Department of Social Welfare,
Arus Brugha, Dublin

Department of Labour
Mespil Road
Dublin 4

The majority of direct service programs are carried out by private agencies, primarily religious orders, and more recently other voluntary bodies, with financial support from national and local authorities. Plus voluntary fund raising. Local and district health authorities provide certain direct services

Planning and coordination - See item under BRIEF DESCRIPTIVE NOTES. The 1965 Report of the Commission of Inquiry on Mental Handicap was published by the Stationery Office, Dublin (price: six shillings and sixpence).

VOLUNTARY ORGANIZATIONS CONCERNED PRIMARILY WITH MENTAL RETARDATION

Citizen and professional:

The National Association for the Mentally Handicapped of Ireland (NAMHI)
Mayfield 73 - Swords Road
Whitehall, Dublin 9

The NAMHI, established in 1961, is a federation of individual members and representatives of the 84 national, district or local organizations which provide direct or indirect services to the mentally handicapped and is concerned with promoting coordinated action and greater public understanding. These are associations of parents and friends, religious orders, national professional associations of physicians, nurses, teachers and social workers, rehabilitation organizations, trade unions and general educational or community service-oriented organizations such as the Irish Countrywomen's Association, Soroptimist and Lions Clubs, etc. Since 1964 the NAMHI has been a member of the International League of Societies for the Mentally Handicapped; in 1966 an International Symposium on Mental Handicap was held under its auspices at University College, Dublin.

Other organizations with related concern:

The Royal Medico - Psychological Association
St. Davnet's Hospital
Monaghan.

The National Rehabilitation Board
25 Clyde Road
Dublin 4

The National Association for Mental Health
7, Upper Pembroke Street
Dublin 2

Union of Voluntary Organizations for the Handicapped
90, St. Stephen's Green
Dublin

RESEARCH

The Medical Research Council of Ireland
9 Clyde Road
Dublin 4

PUBLICATIONS

Journals which include articles on mental retardation:

Caritas, quarterly journal of the Hospitaller Order of St. John of God,
Granada, Stillorgan, Co. Dublin

"Impact" Journal on Mental Handicap, Published by Brothers of Charity,
52 Terenure Road East, Dublin 6

Journal of the Irish Medical Association
10 Fitzwilliam Place
Dublin

Progress, newsletter of the Cork Polio and After-Care Association,
133 Oliver Plunkett Street, Cork

Directory:

An Outline of the Existing Services for Treatment and Care of Mentally Handicapped and Disturbed Children and Mentally Handicapped Adults in the Republic of Ireland, 3rd edition, 1966 (93 pages) published by the National Association for the Mentally Handicapped of Ireland.

BRIEF DESCRIPTIVE NOTES

Casefinding, diagnosis and assessment, parent counselling - These services are normally carried on at children's hospitals, local child welfare clinics, and at child guidance clinics where a psychiatrist, psychologist, consultant, pediatrician and social worker are available. In rural areas children are referred to the regional pediatric service. All parents may consult the clinics and may also come at any time to one of the centers, residential or day, which serve the mentally handicapped and have specialist consultant staff. The NAMHI gives advice and guidance to parents through its informational program and publications.

Education is entirely the responsibility, in terms of finance, of the Department of Education, but is usually administered by the voluntary bodies. There are more than 30 special schools, residential and non-residential, recognized as part of the national school system, and ranging in size from 25 to 250 pupils. They include schooling for about 1,000 moderately handicapped (approximate I.Q. between 35 and 50) for whom it is felt that skilled teachers are as essential as for the mildly handicapped. (Classes for "slow learners" are within the ordinary primary schools; such children are not designated mentally handicapped.) Rules governing the admission of pupils to special schools are flexible and transfers from one type to another are easily arranged without any administrative formalities.

Work training and employment - Vocational and social training is emphasized during later school years. The Association of Parents adn Friends of Mentally Handicapped Children maintains a training workshop in connection with its three day schools in Dublin and residential centers have developed rehabilitation and placement programs in cooperation with the National Rehabilitation Board which provides a special employment service for handicapped youth. Sheltered employment exists primarily as part of the residential centers' program or in a few of the larger towns. A day workshop has been opened in Dublin by the NAMHI. The Department of Labour has recently commenced a re-training scheme for handicapped and redundant workers - Anco Training Authority, Department of Labour, Mespil Road, Dublin 4.

Medical care is provided through the usual channels as well as under the aegis of the various voluntary bodies which serve the mentally handicapped.

Residential care provided by religious orders and voluntary organizations is increasing although the numbers of adults in district mental hospitals and county homes in 1964 was still about half of those in residential care. Among the voluntary organizations providing larger residential programs are

The Sisters of Charity of St. Vincent de Paul
St. Vincent's, Cabra, Dublin
(began in 1924, now has 5 programs)

The Hospitaller Order of St. John of God
"Granada", Stillorgan, Co. Dublin
(began in 1934, now has three residential schools and two day schools)

The Stewart Institute,
Palmerstown, Co. Dublin
(in existence since 1870)

The Brothers of Charity
52 Terenure Road East, Dublin 6

The Sisters of Charity of Jesus and Mary
Delvin, Co. Westmeath

The Sisters of La Sagesse
Cregg House, Sligo

The Cork Polio and After-Care Association
Oliver Plunkett Street, Cork

With two exceptions, institutions serve either male or female residents. Two have a resident capacity population of over 350, four have between 200 and 300, the rest are smaller. Some of these facilities also accept day pupils, and many children live at home on weekends and holidays.

Financial assistance - Voluntary organizations providing residential services are financed by central government capital grants for new buildings and additions, and from the weekly maintenance rate paid by the local health authority of the home district from which the case is referred. Costs for schooling, including transportation, are the responsibility of the Department of Education. Disabled Persons Maintenance Allowances are paid to handicapped adults (persons over 16 years) not in residential care.

Recreation - Voluntary associations affiliated with residential and day programs assist in recreation plans in various ways including outings and special fund raising for recreational purposes. Several holiday homes have been so provided.

Research - Services are in too early a stage of development to permit of much research. What is undertaken is primarily in the medical field, e.g. research of bio-statistical nature is being carried out through the National Screening Laboratory for Inborn Errors of Metabolism at Children's Hospital, Temple Street, Dublin 1. On the request of the Commission of Inquiry, a study of incidence of profound mental retardation (children age 6 through 13 years with an I.Q. of less than 20) was carried out by the Hospital's Commission in 1962 with the high finding of 1.24 per thousand population of the same age group.

Personnel training - A special teaching course of nine months is added to the ordinary teacher training level. About half of the teachers employed have had specialized training either in Ireland or the U.K. Since 1960 a special diploma course for qualification, over a period of 3 years, in nursing for the mentally handicapped has been in existence, using an in-service form of training. University courses are available for psychologists and physicians interested in the subject.

Planning - From 1961 to 1965 a government Commission of Inquiry into Mental Handicap, appointed by the Minister of Health, with multidisciplinary representation, made an exhaustive study resulting in 96 main recommendations, many of which dealt with planning, coordination and extension of services.

In the private field the NAMHI has a continuing concern for overall planning of services. It is a member of the Union of Voluntary Organizations for the Handicapped set up to promote coordination. In 1970 a 22-member Consultative Council on Mental Handicap was appointed, representative of bodies providing services.

OTHER INFORMATION FOR VISITORS

Either the Department of Health or the Department of Education would arrange a program for an interested visitor. The Hospitaller Order of St. John of God or the Sisters of Charity of St. Vincent de Paul or the Brothers of Charity could do this.

School holidays occur from approximately 20th December to 6th or 7th January; for about a fortnight around Easter and from the middle of July to 3rd September.

ISRAEL

Area - 7,900 square miles; population - 2.8 million; government - republic established in 1948 with unicameral parliament (Knesset). Of Israel's population, about 400,000 are non-Jews, mostly Arabs of Moslem and Christian faiths. Since 1948 more than one million Jews have immigrated to Israel, the majority of Eastern European, Near Eastern or North African origin, and the population has almost tripled. Official languages are Hebrew and Arabic.

Industrialization has followed the development of land reclamation and agricultural cooperatives and since 1954 the overall economy has grown remarkably despite the acute problems of building a new state in the face of ongoing conflict with its neighbors and the challenge of absorbing and integrating newcomers from widely diversified cultural backgrounds.

Free compulsory education includes a year of kindergarten at age 5 and 8 years of elementary school; at least 1/6th go on to some form of secondary education or vocational training, and a large number of education and training programs are available for adults. Numerous teacher training colleges, three universities, the Institute of Technology in Haifa and other university institutes provide higher education.

Social services are provided by central and local authorities as well as by semi-public and voluntary agencies. Since 1954, under the National Insurance Law, assistance has been increasingly available in the form of old age and survivors pensions, disability benefits and maternity and family allowances. Over 85% of the population is covered by health insurance, the majority through Kupat Holim, the health fund of the Histadrut (General Federation of Labour).

A school for retarded children was started in Tel-Aviv in 1929 followed by other isolated pioneer efforts such as those of Irene Gaster who began in 1931 to care for severely retarded, often abandoned, children. With the setting up of a Special Education Division in the Ministry of Education in 1950, special school and class programs multiplied, primarily but not only for the mildly retarded. In 1962, the Ministry of Social Welfare established a Service for the Retarded, with responsibility to provide general direction to existing facilities and to initiate new services and facilities. This development had been greatly assisted by the assignment in 1961 (the first in any country) of a mental retardation expert consultant through the UN Technical Assistance program.

GOVERNMENTAL AGENCIES WITH DEFINITE MENTAL RETARDATION RESPONSIBILITIES

Ministries

Ministry of Social Welfare
Youth Division
Service for the Retarded (Hasherut Lamefager)
8, King David Street, Jerusalem

Mr. M. Rosenberg, Director

Other units of the Youth Division carry certain responsibilities as the Child and Youth Welfare Service, and the Youth Rehabilitation Service (Sherut Leshikum No'ar), Mr. Yaakov Stern, Director.

Ministry of Education and Culture

Division of Special Education (Hamador Lechinuch Meyuchad)
Shivtei Yisrael Street, Jerusalem

Mrs. Sonia Marbach, Director

Ministry of Health

Mental Health Services (Sherutei Bri'ut Hanefesh)
20, King David Street, Jerusalem

Dr. L. Miller, Director
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Ministry of Labour

Youth and Vocational Education Division (Agaf Lanoar Ulchinuch Miktzoa)
Jerusalem

Local education, health and welfare authorities provide direct services to the mentally retarded in cooperation with the above national governmental agencies and with voluntary organizations.

National planning and coordination

Each government Ministry is responsible for its own planning, but representatives meet within the framework of the Public Council for the Retarded, a 30 member advisory body appointed by the Ministry of Social Welfare, including professional workers, directors of services and public figures.

Public Council for the Retarded (Hamo'etsah Hatsiburit Lema'an Hamefager)
Kupat Cholim Centre
Remez Street, Corner of Arlosorov Street, Tel-Aviv

Mr. Pinchas Rashish, Chairman

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Professional: Israel Association for the Scientific Study of Mental Deficiency
c/o Jerusalem Academy of Medicine
Academy of Science
Jerusalem

Member of the International Association for the Scientific Study of Mental Deficiency

Dr. Bernard Cohen, Council Member

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* Division of Maternal & Child Health (Hayechida Livriut Haem Vehayeled)
Dr. J. Thaustein, Director

Citizen: AKIM - Israel Association for Rehabilitation of the Mentally
Handicapped (Ha'aguda Lekimum Mefagrim)
P. O. B. 4988; 16, Bialik Street, Tel-Aviv
Chairman, Mr. Menahem Itzhaky

28 branches, 3,000 members. Two representatives serve on the Public Council for the Retarded. AKIM has been a member of the International League of Societies for the Mentally Handicapped since 1963 and in 1968 was host to the League's Fourth International Congress in Jerusalem.

Other national voluntary organizations concerned to some degree with mental retardation

Malben - Services for the Care of Handicapped Immigrants
American Joint Distribution Committee in Israel
12 Kaplan Street, Tel-Aviv

Provides consultation and financial support in the area of social service.

Ilan - Israel Foundation for Handicapped Children
9 Gordon Street, Tel-Aviv

Maintains a day center for severely retarded children with cerebral palsy.

Youth Aliyah
P. O. Box 93
Jerusalem

Since this agency is responsible for the assimilation program for thousands of immigrant children, its concern has extended to the socio-cultural problems of retardation.

Israel National Society for Rehabilitation of the Disabled
10 Ibn-Gvirol Street, Tel Aviv
National Secretary, Dr. E. Chigier

Includes mental retardation in its conference and annual publication.

RESEARCH

The Research Divisions of the Ministries of Health, Education and Social Welfare include projects on mental retardation. In addition, there are the following bodies:

Research Committee of the National Rehabilitation Council (Va'adat Hamechkar shel Mo'etset Hashikum)
The Paul Baerwald School of Social Work, Hebrew University, Jerusalem

The Henrietta Szold Institute - National Institute for Research in the Behavioral Sciences (Machon Henrietta Szold, Hamachon Ha'artsi Lemechkar Mada'ay Hahitnahagut)
Kiryat Menachem, Jerusalem

Youth Aliyah Child Guidance Clinic and Research Unit
12, Lincoln Street, Jerusalem

Dr. Reuven Feuerstein, Director

PUBLICATIONS

Journals - no specialized professional journal on mental retardation; among the many which include articles on mental retardation are:

SAAD - bi-monthly for Social Welfare

MEGAMOT - the Henrietta Szold Institute, The National Institute for Behavioral Sciences (Machon Henrietta Szold, Hamachon Ha'artsi Lemechkar Mada'ay Hahitnahagut).

YELADENU (Our Children), quarterly publication of AKIM; a newsletter "Tidings" (English and German) is issued for overseas friends and supporters.

Directories

An annotated listing of 40 selected facilities was prepared by AKIM for the 4th Congress of the ILSMH. Additional informational materials are available from the Ministries concerned with mental retardation.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Pediatric screening examinations are made before a newborn baby is discharged from the hospital and continuous health supervision covering about 85% of all children through early childhood is carried out in the 650 maternal and child health centers. In some of these centers a special risk register is maintained. A genetic counseling clinic functions at Hadassah University Hospital and Hebrew University Laboratory of Genetics and such counseling is increasingly available in other medical centers.

Every local authority maintains a local welfare bureau to deal with all the community's welfare needs including mental retardation. The social worker of the welfare bureau makes the first investigations and submits a detailed report to the Service for the Retarded which sends the case to one of three diagnostic and assessment centres in Jerusalem, Tel-Aviv and Haifa. These assessment centres operate in Jerusalem (Kfar Hashwedi; residential institution of the Ministry of Social Welfare in cooperation with Hadassah University Hospital - Professor Emil Adler, director of the team); in Tel-Aviv (Tel-Hashomer Hospital, Dr. Bernard Cohen, Director) and Haifa (Rambam Hospital, Dr. Abraham Friedman, Director).

In 1956 AKIM employed its first social worker and now maintains 8 consultation centres, working in close cooperation with the authorities concerned.

The school psychological services are responsible for detection and selection of children in need of special education.

Education - The education law of 1949 established the right of all children between 5 - 14 years of age to receive free elementary education and placed the responsibility on the Ministry of Education and local authorities to provide such education including the provision of training facilities for all children in this age group should they by virtue of their handicap be unable to benefit from the normal school system.

In 1968 there were 820 classes(within the regular schools or in special schools) for 14,741 mildly retarded pupils, and 125 classes for 1,351 moderately retarded children - These latter are mainly in Day Centres run cooperatively by the local authorities, the Ministry of Education and the Ministry of Social Welfare which provides attendants for the afternoon hours. Teachers are also provided for supplementary education classes in the vocational rehabilitation centers. During recent years AKIM has initiated specialized kindergartens and is responsible, at present, for two, three others being now under municipal or other authority. Education programs in many of the residential homes are subsidized and supervised by the Special Education Division.

Work training and employment - Work training is provided through the vocational rehabilitation centres - "Ma'as" (22 run by local authorities and 5 by AKIM). The structure is business-like, operating on orders from outside. Trainees are paid for the amount of work they accomplish, and those working successfully become candidates for jobs on the open market.

Medical care is provided both to open and to residential settings by regular visits of specialists. Children living outside institutions receive medical care through the usual facilities of the health insurance schemes.

Residential care is provided in homes which vary widely in character. Some emphasize educational programmes, some remedial care, some have special facilities for certain types of children. The service at the residential home includes complete medical and dental care, speech and physiotherapy programmes. Each case is under constant review of a professional team: doctor, psychologist and social worker. The homes are maintained either by government (5 serving 1129 persons), public or private agencies (20 serving 1387). A small number of emotionally disturbed or mentally ill retarded children and adults are in residential care under the auspices of the Ministry of Health.

Financial assistance - The cost of maintaining a child in a residential home is met by the parents or, if they are unable to meet the costs, by the local authority and the Ministry of Social Welfare. Attendance at vocational rehabilitation centres is supported either by the parents or by the local authority; the Ministry of Labour provides a monthly subsidy of I£ 40 per trainee for the first 18 months plus 3 months on outside placement.

Recreation - Both for children living in institutions and those in open care, annual summer camps are arranged as well as other recreational activities including handwork, arts and crafts, music, dancing, games, parties and holiday celebrations. AKIM has provided special programs in this area.

Research - A large number of research programmes are underway at present. At the Tel-Hashomer government hospital phenylketonuria studies are being carried out; other medical research projects in progress include a study by a geneticist aimed at improving the accuracy of the diagnosis of mongolism and its various subtypes at birth with the aid of modern laboratory techniques for purposes of hereditary counselling and care planning. Karyotyping of mongols exhibiting different degrees of intelligence, social adaptation, and vocational skill may reveal a chromosomal base for these variations. An additional current project is the study by an endocrinologist of thyroid functioning in the mentally retarded. Among research projects on training methods and occupations,is one carried out at the agricultural home for moderately and severely retarded men at Kfar Nachman. The project aims at investigating the adjustment of the retarded to agricultural life and means of motivation and training. There are plans to explore the effects of a multi-dimensional programme together with parent counselling on the development of the very young retarded child.

Personnel training - The Institute for Training of Social Educational Workers (Hamidrasha Lehachsharat Ovdim Chinuchiyim Sotsialiyim) has concluded plans for a course for personnel working in Homes for the Retarded. The Director is Zadok Gamliel and the address is: Rehov Beth Ha'arava 7, Talpiot, Jerusalem.

The Service for the Retarded of the Ministry of Social Welfare arranges regular in-service programmes and study-days for personnel in this field.

Planning - Important new basic legislation has been drafted and is presently under consideration by the Knesset.*

Plans for the establishment of two new institutions and additional buildings in existing institutions are underway.

OTHER INFORMATION FOR VISITORS

Information as well as observation programmes for professional visitors from abroad are arranged upon request by the Ministry of Social Welfare, Foreign Relations Division, Head - Mrs. H. Kahn.

In addition to the usual school holiday period of July and August, there are two religious holiday periods in Spring - March/April - and in Autumn - September/October - which are not recommended for intensive study or observation.

SUPPLEMENTARY INFORMATION

* In June 1969 the Welfare (Treatment of Retarded Persons) Law was adopted, providing that the Ministry of Social Welfare shall be in charge of the services for retarded persons and may require appropriate services be carried out by local authorities (excepting those covered by the Compulsory Education Law); notification of retarded persons shall be made by physicians, teachers or welfare officers to the welfare authorities; multidisciplinary diagnosis boards shall be established and cases reviewed at least once every three years, with provision for appeal.

ITALY

The Republic of Italy is an European peninsula with an area of 116,000 square miles and a population of 53 million. Since 1946, when the monarchy was abolished by popular referendum, the country has had a parliamentary government with a President, a Prime Minister who appoints his Cabinet, and a bicameral Parliament, the Chamber of Deputies and the Senate. The Italian State is highly centralized; the Prefect (chief executive) of each of the 92 provinces is appointed by and responsible to the central government. In addition, a system of 19 regions is being established.

The country is not rich in natural resources and much of the area is unsuitable for agriculture. While the north has had a fast-developing industrialization, the peninsula south of Rome and the islands of Sicily and Sardinia lag behind in standards of living, despite substantial agricultural and industrial investment in the past 15 years. Italy's historical and cultural monuments, museums, and churches, as well as resort areas, attract over 28 million tourists a year.

An early and important contribution to the field of special education was made by Maria Montessori whose system of sense training and early child development is known throughout the world.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministries

Ministero dell'Interno — Ministry of Interior
Direzione Generale Assistenza Pubblica — General Direction of Public Welfare
Dr. Paolo Bellisario
Piazza Viminale
Roma

Amministrazione per le Attivitá Assistenziale Italiane e Internazionali (AAI) — Administration for Italian and International Welfare Activities
Presidente: Sen. Avv. Ludovico Montini
Dir. Generale: Dr. Angelo Savini Vicci
Via Giovanni Lanza, 194
Roma

A special section on mental retardation has been established.

Ministero del Lavoro e della Previdenze Sociale — Ministry of Labor and Social Welfare
Via Flavia, 6
Dr. Montalto
Dir. Generale: Prof. Danilo Guerrieri

Direzione Generale del Collocamento della mano d'opera — Vocational Training Department

Organizes vocational courses for young people, including the mildly retarded.

Ministero della Sanità	Ministry of Health
Direzione Generale dei Servizi di Medicina Sociale Viale dell'Industria C.E.U.R. Roma	Department for Social Medicine

Responsible for the re-education and rehabilitation of mentally retarded persons and for the health supervision of Welfare and Assistance Agencies.

Ministero della Pubblica Istruzione	Ministry of Education
Direzione Generale Istruzione Elementare Viale Trastevere Dir. Generale: Dr. Agostino Dispenze	Primary Education General Direction
Ispettorato per l'Assistenza Scolastica Viale Trastevere, 209 Roma	Inspectorate for School Assistance
Capo dell'Inspettorato: Dr. Ferruccio Argentini	Chief Inspector

The IV Division (Director, Dr. Luigi Mascione) of the above mentioned Direzione Generale Istruzione Elementare is responsible for schools for the mentally retarded.

Other national semi-official agencies

ONMI (Opera Nazionale Maternità e Infanzia) Lungotevere Ripa, 1 Roma	National Mother and Child Protective Service

Subsidized by the State through the Ministry of Health, in its mother and child stations it carries on case finding and diagnosis in the field of mental retardation and gives assistance and protection to mentally handicapped children.

CRI Via Toscana, 12 Roma	Italian Red Cross
ONIG (Opera Nazionale Invalidi di Guerra) Piazza Adriana, 2 Roma	National Agency for Disabled Ex-Service Men
ENAOLI (Ente Nazionale Assistenza Orfani Lavoratori Italiani) Via Giulio Romano, 46 Roma	Agency for the Assistance of Italian Workers' Orphans
INAIL (Instituto Nazionale Assistenza Infortuni sul Lavoro) Via IV Novembre, 144 Roma	National Organization for Accident Insurance

ENPAS (Ente Nazionale Previdenza e Assistenza Statali) Via Statilia, 15 Roma	National Welfare Agency for State Employees

Other provincial or local public agencies

Every province and some communes (Milan, Turin and others) include a Welfare Office, as well as health and education agencies.

VOLUNTARY ORGANIZATIONS

Primarily concerned with the mentally retarded

ANFFaS (Associazione Nazional Famiglie Fanciulli Subnormali) Via Chiana, 110 Roma	National Association of Retarded Childrens' Families

ANFFaS had its beginnings in Rome in 1958 and now has over 70 branches throughout the country, many of which have established schools and vocational training/sheltered workshop programs. The Association has had a definite impact on public attitudes, works toward legislative changes, and has received special attention from the Vatican. It is a member of the International League of Societies for the Mentally Handicapped, its first President having been among the founders of the European League in 1960.

Others which include mental retardation

SIAME (Società Italiana per l'Assistenza medico-psico-pedagogica ai Minorati dell'Età Evolutiva Piazza Lovatelli, 36 Roma	Italian Association for Medical-psycho-educational Assistance to Young Children

Organized in 1948, SIAME has brought together professional workers on an interdisciplinary basis from the fields of pediatrics, neuropsychiatry, education, psychology, social work and administration. The Society has been concerned with all developmental problems of children and has a special section on the handicapped, "Pro Infanzia Anormale," with branches in various cities. The Proceedings of SIAME Congresses provide important documentation.

Sezione di Neuropsichiatria Infantile della Societa Italiana di Psichiatria Prof. Giovanni Bollea Instituto di Neuropsichiatria Infantil dell'Universita di Roma Via dei Sabella, 108 Roma	Section on Neuropsychiatry of the Child, Italian Psychiatric Society

The Section is a member of the International Association for the Scientific Study of Mental Deficiency and Professor Bollea is a Council member. He publishes an important interdisciplinary journal, Infanzia Anormale.

Associazione Italiana per l'Assistenza agli Spastici Via Cipro 4/14 Roma	Italian Association for Assistance to Spastics

Mrs. Teresa Serra, Secretary General, is a member of the Council of the International Society for Rehabilitation of the Disabled.

Lega Italiana di Igiene e Profilassi Mentale c/o Clinica Psichiatrica Universitaris Via Sabrata, 12 Roma	Italian League for Mental Health
Ente Nazionale per la Protezione del Fanciullo Via Lucrezio Caro, 38 Roma	National Agency for the Protection of Children
Unione Italiana per la Promozione dei Diritti del Minore Via Artisti, 34 Torino	Italian Association for the Protection of Rights of Minors
Pontificia Opera di Assistenza Roma	Vatican Welfare Services

RESEARCH

Research in the field of mental retardation is carried on in the universities and especially within the Institutes of Neuro-psychiatry and psychology of children, but there is no research institute with a major interest in mental retardation. However, research in such fields as metabolic and chromosomal abnormalities is receiving increased attention, leading to greater interest in prevention and early detection.

PUBLICATIONS

Infanzia Anormale
Quaderni di Neuropsichiatria Infantile
Annali della Sanità Pubblica
Scuola di Base
Quaderni di Esperienze di Rieducazione
Maternità e Infanzia
Igiene Mentale

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - is carried on by the medical-psychological centres of the ONMI and by the Mental Health Centers of the different provinces and communes. These centers test children referred by social workers, teachers and parents. In public schools there will soon be functioning medical-psycho-pedagogical teams, dependent on the local directors of education.

Education - Despite Italy's early start in the field of special education, the needs still far outstrip the provisions. However, in ordinary schools there exist already a great number of special "differential" classes for mildly retarded children, especially those who are environmentally and culturally deprived. Schools for more severely retarded children are also increasing but are still mainly under private auspices. There also are educational programs in the residential institutions.

Work-training and employment - There are vocational training schools, but still few in number. They receive financial aid from the Ministry of Labor. Sheltered workshops were first started in Rome, Milan and Turin.

Medical care - Specialized medical care has historically been the responsibility of child psychiatry which includes neurology and neuropathology.

Residential care - Recent statistics show that there are 234 residential institutions, the greatest number of which is run by religious orders; a few are within the control of the province and commune administrations. Only 30 institutions give residential care also to adults, who are in general cared for in the mental hospitals.

Financial assistance - School is free from 7 to 14 years. In the sheltered workshops trainees receive some money, but no fixed wage exists.

Recreation and leisure time programs - ANFFaS has pioneered in providing some recreation programs, including summer camping.

Research - Several universities carry on research programs in the epidemiological, genetic, psychiatric and psychological field.

Personnel training - There are "Orthophrenic" schools for specialized training of teachers (the first having been established in 1900), with courses lasting two years; there also are one-year courses of psysiopathology for teachers. Schools with three-year courses for the training of specialized child care workers are beginning to function in Rome, Milan and Turin. Some schools of social work are interested in including the problem in their curricula.

Planning - New legislation concerning the mentally retarded is still at the level of proposals, but is receiving augmented consideration. New architectural designs of facilities have been studied by various individuals; an example of very modern residential planning is presently under construction in Cosenza (Dr. Feliciano Mostardi, Via Emelio de Donato, 21).

OTHER INFORMATION

Visitors can apply to:

Admin. per le Attività Assistenziale Italiane e Internazionali (AAI)
Via Giovanni Lanza, 194
Roma

ANFFaS
Via Chiana, 110
Roma

SIAME
Piazza Lovatelli, 36
Roma

School holiday periods: December 23 - January 3; July, August, September.

JAMAICA

Jamaica is the third largest island in the Caribbean, with an area of 4,232 square miles (slightly smaller than Connecticut) and a multiracial population of nearly two million, 50% under 20 years of age and over 90% of African and mixed descent. English is the official language although the Jamaican dialect is not always understood by visitors. A British colony for 300 years, Jamaica became an independent member of the Commonwealth in 1962, with a parliamentary type of government. Two-thirds of the population live in rural areas but agricultural products are now of less economic importance than mining, tourism and manufacturing. Rapid population growth, overcrowded cities, an overburdened educational system, unemployment and underemployment are pressing problems.

There is high regard for education; a literacy rate of 85% and a life expectancy rate of 69 years indicate progress made in health and development programs. The University of the West Indies in Kingston maintains a close liaison between its Medical School and that of the University of London. The U.S. Peace Corps has an active program in Jamaica, with emphasis on educational assistance.

GOVERNMENT AGENCIES CONCERNED WITH MENTAL RETARDATION

Ministries

The Ministry of Education
Kingston

The Ministry of Development and Welfare
Kingston

The Ministry of Health
Kingston

The local governing body, the Kingston and St. Andrews Corporation, makes referrals and provides a partial subsidy to the Jamaica Association for Mentally Handicapped Children.

VOLUNTARY ORGANIZATIONS

The Jamaica Association for Mentally Handicapped Children
"The Centre"
6 Norman Road
Kingston 16

Founded in 1956 by Mr. Randolph Lopez, J.P., who was its president until his death in 1966, the Jamaica Association is the only agency providing services solely to the mentally retarded. Dr. Matthew Beaubrun, medical practitioner, is now president, Miss Cecily Harding is Executive Secretary.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, counselling for parents - Cases are usually referred to the Association from the University Hospital, Children's Hospital or private practitioners. Diagnosis is made by a psychiatrist, and, if possible, assessment by the psychologist at the University Hospital or the Bellevue Mental Hospital. As these services are not always readily available, many of the children have not had a psychological assessment. Parents in need of counselling are invited to join the Jamaica Association where problems are discussed.

Education - The Association's school at Norman Road, started in 1956, now serves about 100 children. There are four classes on the "trainable" level, one class on the "educable" level and a small class of slow learners. Temporary structures have been built to accommodate the increasing numbers and alleviate overcrowding in the main classrooms. It has not yet been possible for special classes to be provided in the regular primary schools because of the shortage of staff and space.

Vocational training and employment - The Norman Road School program emphasizes practical work training in woodwork and crafts, sewing and household chores. Recently a graduate of the School (boy) obtained employment in a woodwork shop.

Medical care is available for children at the Norman Road School through the voluntary services of a medical practitioner who makes referrals to hospitals when needed.

Residential care - There are many mentally retarded in Bellevue Mental Hospital and in Poor Houses, but the vast majority are living at home, without special help.

At the Norman Road Center the Jamaica Association for Mentally Handicapped Children provides dormitory facilities for 34 boys. Building has begun on a new home and school on land purchased by the Association adjoining the Polio Rehabilitation Centre. When both stages are completed, it will house 66 children.

Financial assistance - The Jamaica Association for Mentally Handicapped Children receives a subvention of £ 500 from the Ministry of Education and a similar amount from the local government. Children living in the dormitories are paid for by the child care authority of the Ministry of Development and Welfare, by the local government or by their parents.

Recreation - Once a term a picnic is arranged for all the children at the Norman Road School, and volunteer groups come weekly to assist with games. A television set is available for the boys in residence, and they have a weekly swimming program.

Research - Etiological testing is carried on in the Department of Pathology of the University Hospital.

Personnel training - Two of the Norman Road School teachers have had a six weeks course in mental retardation at the University of Syracuse, New York, sponsored by the Rotary Club of DeWitt, New York.

Planning - In addition to the dormitories, the new home and school of the Jamaica Association will have adequate well equipped classroom space. Fund raising efforts are underway and participation by government in form of grants or interest free loans has been requested. The Association hopes in future to stimulate formation of local branches in other parts of the island, and through it to bring a better understanding of the problem of mental retardation to the general public.

OTHER INFORMATION FOR VISITORS

Information and assistance in planning visits may be requested from the Jamaica Association or

The Ministry of Education
South Race Course
Kingston

School holidays - Mid-July through the first week of September· usually two and a half weeks for Easter and three weeks for Christmas.

SUPPLEMENTARY INFORMATION

The new school was opened in 1970 on Golding Avenue, Kingston.

Present mailing address for the Jamaica Association
P. O. Box 224
Kingston, 7

The Association has become a member of the International League of Societies for the Mentally Handicapped and has a continuing close relationship with other societies, e.g., in Canada and England. In September 1970 it was one of the co-sponsors of the First Caribbean Conference on Mental Retardation, held at the University of the West Indies in Kingston.

JAPAN

Area - 142,726 square miles, slightly larger than Norway and 90% mountainous; population - 98,865,000, a density of 690 persons per square mile, concentrated around the large cities; the Tokyo metropolitan area has a population of eleven million. Government - constitutional monarchy with bi-cameral parliament (Diet); local government functions through the 46 prefectures. During the past two decades Japanese economy has been characterized by intensive industrialization and urbanization, and a standard of living which is the highest in Asia.

The government has pursued a policy of controlling population growth and high sanitary and health standards have resulted in a life expectancy rate of 71 years.

Compulsory education consists of six years of elementary and three years of secondary school; the literacy rate is 97%. Higher education is provided through more than 600 junior colleges, colleges and universities.

Social welfare was traditionally the responsibility of the family, employers or private organizations but government has increasingly begun to provide a still modest but broad range of assistance programs, through health insurance, pensions, minimum wage law, etc., and the operation or subsidizing of a variety of categorical services.

The first specialized institution for retarded children was founded in 1891. Their care and education was primarily in the hands of philanthropic pioneers, until the enactment of a series of laws which gave a legal basis for development of services, namely the Child Welfare Law of 1947, the Education Law of 1947, the Mental Health Law of 1950, and the Law for the Welfare of Mentally Deficient Persons (over 18 years of age) in 1960.

Voluntary associations (see below) and the pressure of public opinion have played a strong role in bringing about these and later legislative changes.

GOVERNMENTAL AGENCIES WITH DEFINITE MENTAL RETARDATION RESPONSIBILITIES

Ministries

Ministry of Health & Welfare 1-2-2, Kasumigaseki, Chiyoda-ku, Tokyo	(Koseisho)
- Bureau of Children & Homes	(Jido-Katei Kyoku)
Section of Welfare for Handicapped Children	(Shogai Fukushi Ka)
Section for Child & Maternal Health	(Boshi Eisei Ka)
- Bureau of Public Health	(Koshu Eisei Kyoku)
Mental Health Section	(Seishin Eisei Ka)

Ministry of Education 3-2-2, Kasumigaseki, Chiyoda-ku, Tokyo	(Mombusho)
- Bureau of Primary & Secondary Education	(Shoto-Chuto Kyoiku Kyoku)
Section for Special Education	(Tokushu Kyoiku Ka)
Ministry of Labor 1-7 Otemachi Chiyoda-ku, Tokyo	(Rodosho)

(An employment adjustment training system administered under the Employment Law has been limited so far primarily to the physically handicapped.)

National Institution for Mentally Retarded Children

Chichibu Gakuen
Tokorozawa, Saitama

Superintendent: Osamu KAN, M.D.

(This is the first residential training school for mentally retarded children under the auspices of the national government (1957).

Prefectural agencies

Children's Section, or Mother & Child Section in each Prefectural Government

Child Guidance Centers, and Mentally Retarded Persons Consultation Centers in each Prefecture

Addresses of both sections and centers are available through the Bureau of Children & Homes, Ministry of Health & Welfare.

National planning

Seishin Hakujakugi Sha Shingi Kai - This is a 15-member committee representing education, institutions and law. Members were appointed by the Ministers of Health& Welfare and of Education. The objective of this group is to coordinate all activities related to mental retardation. In addition to the one national committee, there are 46 prefectural committees with the same objectives.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Professional:	Japanese Association for the Scientific Study of Mental Deficiency c/o Chichibu Gakuen Tokorozawa, Saitama President: Osamu KAN, M.D.	(Nihon Seishin Hakujaku Kenkyu Kyokai) (founded in 1965)
	Japanese Association for the Care and Training of the Mentally Retarded (in residential homes) 3 - 10, Roppongi 6 - Chome Minato-Ku, Tokyo 106 President: Fukuji TOMARU	(Nihon Seishin Hakujakusha Aigo Kyokai) (founded in 1934)
	Japanese Association of Teachers in Special Education for the Retarded c/o Seicho Yogo Gakko 1-1-4, Ikejiri, Setagaya-ku, Tokyo President: Prof. Yasumasa MIKI	(Zen Nippon Tokushu Kyoiku Kemkyu Remmei) (founded in 1952)
Citizen:	Japanese Parents' Association for the Mentally Retarded Dai 7 Mori Building, 2 Shiba Nishikubo Tomoe-cho, Minato-ku, Tokyo Executive Director: Yoshio NAKANO	(Zen Nippon Seishin Hakujakusha Ikuseikai) (founded in 1952)

(A national association of brothers and sisters of the retarded also functions in cooperation with the above.)

Other national voluntary organizations concerned to some degree with mental retardation

Japanese Association for Physically Handicapped Children 66 Higashi 1-chome, Ikebukuro, Toshima-ku, Tokyo	(Nihon Shitai Fujiyuji Kyokai)
Japanese Association of Child Psychiatry c/o Department of Neuropsychiatry, School of Medicine, Kyoto University Sakyo-ku, Kyoto	
Testudo-kosai-kai 15 chome, kojimachi Chiyoda-ku, Tokyo	Railway Welfare Association,Social Welfare Division -operates residential facilities

Association of Pediatric Psychiatry & Neurology (Shoni Seishin Shinkei Gaku Kenkyu Kai)
c/o Shinshin Shogaiji Kyokai
2-8 Kanda Tamachi,
Chiyoda-ku, Tokyo

Japanese Association of Pediatircs
c/o Department of Pediatrics,
School of Medicine, Tokyo University
7-3-1, Hongo, Bunkyo-ku, Tokyo

Japanese Association of Special Education
c/o Faculty of Education,
Tokyo University of Education,
3-29-1, Otsuka, Bunkyo-ku, Tokyo

Japanese Association of Clinical Psychology
c/o National Institute of Mental Health
1-7-3, Kocnodai, Ichikawa, Chiba

Japanese Association of Educational Psychology
c/o Department of Educational Psychology,
School of Education, Tokyo University
7-3-1, Hongo, Bunkyo-ku, Tokyo

RESEARCH

Governmental

Mental Deficiency Research Section, National Institute of Mental Health
(Ministry of Health & Welfare)
1-7-3 Konodai, Ichikawa, Chiba
Director of the Section: Shigemichi KANNO, M.D.

Section of Human Genetics, National Institute of Genetics
(Ministry of Health & Welfare)
1-111, Yada, Mishima, Shizuoka
Director of the Section: Ei MATSUNAGA, M.D., D. Sc.

Section 4, Research Department III., National Institute for Educational Research (Ministry of Education)
6-5-22, Shimomeguro, Meguroku, Tokyo
Officer in charge of Mental Retardation: Akira TERADA

In addition to studies encouraged by the above listed voluntary professional organizations, two specific research groups are:

Voluntary

Congenital Anomalies Research Association of Japan
c/o Department of Anatomy, School of Medicine
Kyoto University
Sakyo-ku, Kyoto
Managing Director: Hideo NISHIMURA, M.D.

Japanese Association of Human Genetics
c/o Section of Human Genetics,
National Institute of Genetics
1-111 Yada, Mishima, Shizuoka
Managing Director: Ei MATSUNAGA, M.D., D. Sc.

PUBLICATIONS

Japanese Journal for the Scientific Study on Mental Deficiency
Biannually; Japanese with English abstracts
Official Organ of the JASSMD

Japanese Journal of Child Psychiatry
Quarterly; Japanese with English abstracts
Official Organ Of the Japanese Association of Child Psychiatry

Psychiatria et Neurologia Paediatrica Japonica
Quarterly; Japanese
Edited by Shoni Seishin Shinkei Gaku Kenkyu Kai

Japanese Journal of Special Education
Biannually; Japanese with English abstracts
Official Organ Of the Japanese Association of Special Education

Seishin Kakujakuji Kenkyu
Monthly; Japanese
Edited by Japanese Association of Teachers in Special Education of the Retarded (Zen Nippon Tokushu Kyoiku Kenkyu Remmei)

Aigo
Monthly; Japanese
Edited by Japanese Association for Care and Training of the Mentally Retarded

Parents-Hand-in-Hand (Te Wo Tsunagu Oya Tachi)
Monthly publication of the Japanese Association of Parents of the Retarded which also issues a quarterly journal.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Child Guidance Centers in each Prefecture are legally responsible for those programs for the retarded under eighteen years of age.

For those who are above eighteen years of age, Mentally Retarded Persons Consultation Centers in each Prefecture are responsible.

On a voluntary basis, many university hospitals, general hospitals and psychology or education departments of universities also offer these services, and a few specialized community clinics have been initiated.

A 1961 amendment to the Child Welfare Law provides for mandatory medical examination of all children at age 3, including an examination of mental development; at age six children are examined and tested by the school authorities.

Education - There are almost 10,000 special classes for retarded children in ordinary elementary and secondary schools. They are for mildly retarded children who have no physical and behavioral problems. Almost 90,000 children are now in these classes.

For mildly retarded children with difficulties in social adjustment, and for those diagnosed as moderately retarded without severe physical and/or mental disorders, there are 70 special schools with 5,900 pupils. Special schools are composed of elementary, secondary and high school grades.

Special classes and special schools are operated under the school system of the Ministry of Education.

For the more handicapped moderately and severely retarded under eighteen years of age, there are 62 day care centers, operated under the Ministry of Health & Welfare through the local welfare system. More than 2,000 children are attending those centers.

Preschool education for retarded youngsters is now under consideration, and some experimental programs are being conducted by university education departments.

Work training and employment - Vocational training is emphasized both in the residential homes and the special schools or classes. Programs for vocational training centers and sheltered workshops are now under planning. A vocational guidance system has been started several years ago by the Parents' Association in cooperation with employers. The Association has organized a number of sheltered workshops.

Medical care - There are no specially organized services or programs of medical care for the retarded. Pediatricians and psychiatrists in clinical practice see retarded patients mostly in out-patient clinics. There are no psychiatric hospitals specifically designed for the retarded.

Residential care - More than 300 residential homes care for almost 25,000 mentally retarded persons. Until now, the institutions for children and institutions for adults have been separate; exceptions are being made now for older adolescents. Institutions have been of relatively small size with an average of 70 places.

Along with institutions under prefectural or municipal government, there are many under private auspices, subsidized by the Ministry of Health and Welfare which exercizes general oversight of all residential care programs.

The National Institution, Chichibu Gakuen, serves 125 multiply handicapped children.

Financial assistance for the physically handicapped has long been established. Amendments to the national income tax law in 1961 provided for tax exemption for families with mentally retarded children below a certain income level and in 1966 this was extended to all families regardless of income. Additional financial assistance is given for children with severe mental deficiency.

There has been concern with plans to assure financial security for the mentally retarded following their parents' death. An as yet limited program with that purpose has been developed by the Group Life Insurance Company of Japan with cooperation from the National Council of Social Welfare and the Japanese Parents Association for the Retarded.

Recreation programs so far have been developed largely by the parent's associations with support from voluntary community organizations. Summer camps have been provided where parents can stay with their retarded children.

Research - Aside from the national research institutes (see above) many universities and colleges are undertaking studies in the biological and behavioral aspects of mental retardation. It is hoped that the Japanese Association for the Scientific Study of Mental Deficiency can increasingly act as a coordinating body. It is also hoped that the Association can sponsor an informational exchange on research activities relating efforts in Japan to those on the international scene.

Personnel training - More than 25 universities and colleges have courses in special education. A four-year course in the education department is prescribed for special education teachers.

The only formal training program for personnel working in residential homes is the Personnel School located at the National Institution, Chichibu Gakuen.

Planning and coordination on the national government levels is handled through the Advisory Committees on Child Welfare, on Mental Health, and on the Welfare of Retarded Persons, all functioning under the Ministry of Health and Welfare, and through related advisory committees under the Ministry of Education. These committees discuss legislation, architectural and administrative standards, system of care, prevention, etc., and make recommendations to the Ministers.

Much initiative for planning and for innovative action has also come from the voluntary organizations, especially the Parents' Association for the Mentally Retarded, the Association for the Care and Training of the Mentally Retarded and the Association of Teachers in Special Education for the Retarded.

OTHER INFORMATION FOR VISITORS

Visitors from abroad are recommended to make contact with one of the following four agencies in advance.

Shigemichi Kanno, M.D.
Director, Section of Mental Retardation
National Institute of Mental Health
1-7-3, Koonodai, Ichikawa, Chiba

Japanese Association for the Scientific Study of Mental Deficiency
c/o Kokuritsu Chichibu Gakuen
Tokorozawa-shi
Saitama-Ken 359

Yasumasa Miki
Prof. of Educational Psychology
Department of Education, Tokyo University
7-3-1, Hongo, Bunkyo-ku, Tokyo

Liaison Officer
Minister's Secretariat, Ministry of Health & Welfare
1-2-2, Kasumigaseki, Chiyoda-ku, Tokyo

School holidays in Japan are usually as follows: last two weeks of March, later half of July, and all of August, last week of December and first week of January.

SUPPLEMENTARY INFORMATION

The Tokyo Metropolitan Rehabilitation Center for the Physically and Mentally Handicapped, opened in April 1963 by the municipal health authority under supervision of Dr. A. Takahashi, is a multi-disciplinary diagnostic and evaluation clinic with a staff of 160 and specialist consultants. In addition to out-patient services it has 50 beds for short term observation; mothers are encouraged to stay with young children.

Shinshin Shogaisha Fukushi Center   Dr. M. Masami, Director
43 Toyamacho Shinjuku-ku, Tokyo

KENYA

Kenya, former British Colony and Protectorate, which became independent in 1963, occupies an area of 224,960 square miles on the east coast of Africa and has a population of ten and a half million.

Independence had been preceded by nearly a decade of tribal uprisings and violence. Under President Jomo Kenyatta the country has reached a stage of full internal self-government, with a bicameral legislature, the National Assembly; there is close cooperation with the neighboring States of Tanzania and Uganda in interterritorial matters such as currency, rail and postal services, etc.

The northern region is arid and economic production is centered in the south coastal area and the high plateau region. While Kenya is mainly agricultural (Africa's largest tea producer), both manufacturing and tourism have increased substantially.

Kenya people come from a number of tribes of which even the largest does not claim more than 20% of the population. Less than 3% are non-Africans. Swahili is scheduled to become the official language but English is still recognized.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministry of Health
Director Medical Services
P. O. Box 30016
Nairobi

Ministry of Education
Director of Education
P. O. Box 30040
Nairobi

Ministry of Labour
Principal Labour Officer
P. O. Box 326
Nairobi

Ministry of Cooperatives and Social Services
Department of Communit6 Development and Social Services
Gill House
P. O. Box 30276
Nairobi

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation:

Kenya Society for Mentally Handicapped Children
P. O. Box 7814
Nairobi

Other:

Association for the Physically Disabled of Kenya
(Cerebral palsy and other non-ambulant mentally retarded)

PUBLICATIONS

The East African Medical Journal has published a few articles relating to mental retardation.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Casefinding is done by health visitors and social workers. Diagnosis, assessment and consultation are provided by a children's clinic run by the Nairobi City Council Public Health Department; otherwise done by private practitioners or at Maternal and Child Health clinics or at hospitals.

Education -

Jacaranda School - 60 children attend daily in Nairobi; run by voluntary organization, Kenya Society for Mentally Handicapped Children.

Coast School for Handicapped, run by the Aga Kahn Ismaili Education Board.

2 classes attached to normal schools, run by Nairobi City Council Education Department, each having 8-10 children.*

Work training and employment - It is hoped in 1971-72 to start one rural Vocational Rehabilitation Center for Mentally Handicapped, possibly linked with a mental hospital.

There will also be provision for and hope of ultimate integration with a general scheme for the handicapped.

Medical care - is not yet available as a specialized service.

Personnel training - Enrolled mental nurse training (2 years) at Mathari Hospital

Teacher of mentally handicapped, a one-year training at a teacher training college given to qualified teachers with special interest in the subject. Average 4 teachers per annum, not all employed.

Planning - It is hoped that there may be started a government recognized independent body, a National Rehabilitation Advisory Council on which the problems of the mentally retarded will be well represented. For information on this, apply to the Department of Community and Social Services.

OTHER INFORMATION FOR VISITORS

School holidays - Usual school holiday periods are scheduled for Easter, August and November to mid-January.

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* A small school has been set up in a corridor of the mental hospital in Nairobi for resident children.

REPUBLIC OF KOREA

Area - 38,000 square miles; population - 33 million (estimated). The people of this densely populated country are of Tungusic origin, related to the Mongolians with some Chinese mixture. Among the main religious groups are Buddhism, Shamanism, Confucianism, and Christianity (about ten percent). The country's recorded history goes back to 1,000 B.C.

Korea is a Republic with executive power vested in the President who is elected by direct and secret ballot. The Prime Minister and other Ministers serve at the pleasure of the President. There is a unicameral National Assembly.

Korea is moving rapidly from an agricultural economy to agricultural-industrial balance. Fishing and forestry are also important. Main crops are rice, vegetables, beans and fruit, with a growing poultry and dairy industry. Industrial development is as yet limited but steadily growing with a major element being the existence of abundant cheap labor. There are important natural resources in tungsten, bituminous coal, and cement. Exports include textiles (especially silk), cement, plywood and wigs.

Elementary education is compulsory for a minimum of six years, and the school system is being improved. Although there continues to be a severe shortage of schools and teachers, 95% of school age children are attending primary school. (Some schools have to have double shifts, with 80 or more children in a class). Special education services have been begun only recently. In 1963 special education expenditures equalled but 4% of the primary education budget, and were limited to blind and deaf children, and the situation has not changed much in subsequent years.

Protective legislation has been enacted in the areas of maternal and child welfare, and a very primitive type of public assistance. Government five-year plans have emphasized economic development, and there has been a tremendous economic growth in addition to recovering from the 1950-53 Conflict. Beginning with 1972 the five-year plans will have an increasing emphasis on social development. Beginning with the reconstruction period following the division of the country and the subsequent Conflict, Korea received considerable aid in the health and social welfare field through the United Nations, from individual countries (primarily the United States), and from voluntary health and welfare agencies. This aid is decreasing as Korea is becoming more able to take care of its own.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministry of Public Health and Social Affairs
Seoul

Women and Children's Bureau
Miss Kim, Young Ja, Chief

Bureau of Medical Affairs
National Mental Hospital
Dr. Jin, Sung Gee

National Institute for Mentally Retarded Children
520 Soo Yoo-Dong, Sungpuk-Ku
Mr. Kim, Director

Ministry of Education
Seoul

Bureau of Common Education
Mr. Hong, Soon Churl, Chief

Department of Special Education
#1 Se Jong-Ro, Choong-Ku
Mr. Kim, Sung Taik

There are no other official or quasi-official agencies which have specific responsibilities in the field of mental retardation, or major provincial governmental agencies active in mental retardation. All governmental activity is as yet on the national level.

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

Professional and citizen:

Korea Association for the Mentally Retarded
122-35 Hong Jae-Dong, Suhdaemoon-Ku, Seoul
Rev. Choi, Hyo Sup

(Started in April, 1968, as a result of a seminar held in January and a first meeting of parents of mentally retarded children held in February, 1968. The Association became a member of the International League of Societies for the Mentally Handicapped in October, 1968. Its initial efforts have been to publicize facts and attempt to change old misconceptions by sending informational material to parents, professional workers and the general public through special pamphlets, a newsletter and newspaper articles, radio and TV participation.)

Other organizations which include concern for the mentally retarded

Association for the Study of Special Education
2 Ka, Sin Moon Ro, Chongro-Ku, Seoul
Mrs. Yu, Pyung On

Ja Haeng Hoe
173-14 Dong Kyo-Dong, Mapo-Ku, Seoul
Mrs. Lee, Bang Ja (An organization providing direct services to children in need)

As yet, other national voluntary organizations have not specifically included mental retardation in their interests, although certain ones are in fact serving some retarded individuals in their general programs. For several years Korea Church World Service (CPO Box 63, Seoul) has provided on-going consultation to the national government and to the Korea Association for the Mentally Retarded through its Social Welfare consultant, Miss Helen Miller, M.S.W.

In 1967, Dorothy C. Perkins, Ed.D., on the recommendation of CARE and the International Society for Rehabilitation of the Disabled, served several weeks as consultant on education of handicapped children to the Ministry of Education, Bureau of Common Education, in the preparation of a five-year development plan for special education.

RESEARCH

There is as yet no research in mental retardation being done at any government or voluntary level, except that the National Institute for Mentally Retarded Children is charged with collection and preservation of certain statistical data on the persons it cares for.

PUBLICATIONS

There is as yet no directory of services in this field, or any articles on mental retardation in the professional journals. There is a beginning of materials being made available to the general public via occasional articles in the Korean and English daily press and notably a condensation of the book, "Stevie's Story", which Mrs. Choi Nam Hong Lee (one of the founders of the Korean Association for the Mentally Retarded), published in a recent issue of a popular women's monthly magazine. Translation of the full book is being readied for publication. As noted above, the Korean Association is making other materials available.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

At the present time South Korea has very little direct service designed for the special needs of the retarded. There is no over-all nationwide program, government or private, either to provide services or to promote understanding of retardation and the needs and capabilities of retardates. Hence all services are isolated, the result of the concern of single persons, groups or government offices. Lest this sound too negative, or even indicate a disinterest, it must be realized that South Korea is recovering from the forty years of Japanese occupation and the Korean conflict, making tremendous economic strides and thus is becoming more free and able to be concerned about social welfare, health and education for all its citizens, and the mentally retarded will eventually be included for special attention.

Case finding programs, evaluation and diagnostic services, or consultation for familes have not been developed.

Education, work training and employment. There are no special education classes in the public schools, and there are only three or four private facilities; for example, the Mental Retardation Welfare Nursery School (113-3, Hadan-Dong, Suh-Ku, Pusan) started in 1967, which is approved by, and receiving limited funding from, the provincial educational authority. Retarded young people can enter the vocational training schools (government and private) if they pass the qualifying examinations and pay the tuition. There is no employment service for any citizen, except for a few public employment agencies in Seoul, nor is there medical care designed especially for the mentally retarded.

Residential activities. There is a national - government residence facility, the National Institute for the Mentally Retarded (520 Soo Yoo-Dong, Sungpuk-Ku, Seoul) which has 180 residents ranging in age from 8-18, and in IQ up to 80. It was begun in 1948 (directly after the Republic of Korea regained independence). Throughout the more than 600 children's institutions there are many children who have been abandoned because of retardation, but there is no institution which cares only for the retarded. The Ministry of Health and Social Affairs at the national level is urging such special services and there is beginning interest in providing this. For example, the Hankuk Lip Reading School (for deaf-mutes), 21 Kusu-Dong,Mapo-Ku, Seoul, is now providing three classes for retarded children.

Holt Adoption Program, a USA financed and directed agency, has cared for many retarded children in its Il San Orphanage, and has employed Ruth Nisly, M.S.W., to set up a residential, educational and vocational training program which can serve as a model for orphanages shifting to care for the retarded. Miss Helen Miller has been ongoing consultant for this program.

Financial assistance for the retarded as such is not provided; government assistance for any citizen is a mere pittance, and the voluntary agency assistance (primarily United States dollars) which has been directed primarily to institutional assistance, is now shifting to assistance to families.

Recreation programs are limited to the few which are sponsored by church or social centers (missionary-sponsored).

Personnel Training. There is limited special material in schools (vocational training or college) aimed at increasing understanding of mental retardation and the mentally retarded; the only courses for training personnel in any service to the retarded are given at the Hankuk School of Social Work in Taegu (2594 Dae Myung-Dong) which has just begun to offer special education training in this area, using for practical training its own special schools for the deaf, blind, physically handicapped and the mentally retarded.

Planning. Formal planning in any service to the mentally retarded is in the stage of becoming aware of the existence of the situation, except that in a very few areas (parents, teachers, voluntary social agencies, national government) there is recognition that services designed for retardates might be helpful, and in even fewer instances there is concern and some action to provide these services.

OTHER INFORMATION FOR VISITORS

Information may be requested from:

Women's and Children's Bureau
Ministry of Public Health and Social Affairs
Seoul

School Holidays: in July and August

LEBANON

Area - 4,015 square miles; population - 2.5 million; government - Lebanon became a state under French mandate in 1920 (having been formed from five districts of the old Turkish Empire) and gained full independence in 1943. It is a parliamentary republic with a unicameral legislature which elects the President of the Nation. The Cabinet is responsible to the Chamber of Deputies. Government is centralized, but there are five administrative provinces.

The population is about evenly divided between Moslems and Christians. The religious balance is being maintained politically by a tradition which provides that the President be a Christian and the Prime Minister a Moslem. The official languages are Arabic and French. There is considerable use of English in Beirut, the capital city (population 700,000).

Lebanon has a relatively high standard of living, its economy resting primarily on trade, agriculture and light industry. Large hydroelectric and irrigation projects now under way will further improve the general socio-economic situation. Lebanon has the highest literacy rate in the Arab world but is still faced with a serious lack of school facilities and teaching personnel.

In 1963 legislation was passed introducing a social and health insurance system, as yet limited to workers employed in industry and commerce. However, in the field of social welfare Lebanon is relatively underdeveloped, still relying heavily upon private efforts to cope with the overwhelming need for services.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministère de l'Education nationale Service de l'enseignement privé Maison de l'Unesco Immeuble Birri Beirut (Beyrouth, Liban)	Ministry of National Education Special Education Service
Ministère de la Santé Service de la Hygiene mental Beirut	Ministry of Health Mental Health Service
Office du Dévelopment Sociale Département des services sociaux Immeuble Achkar Rue de Damas Beirut	Office of Social Development Social Services Department

Responsibilities of this independent government organization include child welfare services.

VOLUNTARY ORGANIZATIONS

Association libonaise en faveur de l'enfance inadaptée P. O. Box 6757 Beirut	Lebanese Association for Mentally Handicapped Children

The Association was started in 1963 on the initiative of parents; it functions in cooperation with professional workers to promote better public understanding of mental retardation and more adequate services. It is participating with other organizations in promotion of a first "National Week for the Handicapped" to be held in March 1970.

The Association joined the International League of Societies for the Mentally Handicapped in 1964.

OTHER VOLUNTARY ORGANIZATIONS

Union libonaise de protection a l'enfance Maamari St., Adib Rubeiz Bldg. Beirut	Lebanese Union for Child Welfare
Croix rouge du Liban Beirut	Lebanese Red Cross

PUBLICATIONS

"Beirut Review on Special Education" - several numbers appeared in 1968/69, published by the Institute of Special Education (Haigazian College), but the "Review" has been discontinued as the Institute is no longer functioning.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assesement, consultation to parents - Unité de Guidance Psychiatrique, an officially established clinic, subsidized by the state, is responsible for the screening and referral of mentally retarded children whose parents apply for government subsidies at one of the centers listed below. Closely associated with it is the Centre d'Hygiene Mentale, Office du Dévelopment Sociale (Furn el Chebak, Beirut) which also makes referrals of children to the government subsidized centers.

Education - In 1960 Lebanon's Ministry of Education reported to UNESCO that there was no special education for the mentally deficient. At present there are five centers providing education to mentally retarded children; one is a day school, the other four are residential centers:

École Moderne (c/o Mme. Majdalani, Directrice, Rue Madame Curie, Beirut) a day school with approximately 65 boys and girls, age range 6-15 years; it is privately sponsored and receives subsidy from the government Office of Social Development.

Al-Amal Institute (c/o Mme. Munira Solh, Directrice, Broumana) a residential school with approximately 35 boys and girls, age range 6-14 years, privately sponsored, it receives subsidy for 25 children.

St. Luke's Center (c/o Miss Lena Saleh, Directrice, Beit Mary, P. O. Box 2211, Beirut) a residential school serves approximately 35 moderately retarded boys and girls 6-14 years old; receives subsidy from Office du Dévelopment Sociale for 25 children. The Center is administered by an interdenominational committee of interested community members, under the auspices of the Episcopal Diocese of Jordan, Lebanon and Syria, The Directrice is assisted by 3 teachers, a housemother, a part-time nurse and a consulting psychiatrist and psychologist.

Hôpital de la Croix (Pavillion St. Michel, Jel el Dib, Beirut) a residential center, accommodates approximately 150 boys and girls, 6-18 years old. Church sponsored and administered by an Order of Roman Catholic nuns, it receives subsidy from the Office of Social Development for 50 children.

The Armenian Institute for the Blind, Deaf and Retarded, a privately sponsored center, accommodates approximately 25 retarded bbys and girls, 7-14 years old, providing both residential and day services. (Address: Bourj Hammond).

In addition there are some mildly retarded youngsters at the École Al Hadissa for socially maladjusted children, supported by the Council of Lebanese Women in Ras, Beirut.

Work training and employment - A workshop established in 1967 in Beirut for the disabled (blind, deaf, physically handicapped) accepts a small number of retarded persons. (Address: Mr. Nadim Shweiry, Al-Kafa'at, Karm el Zeitoun, Achrafieh, Beirut).

A new Social Rehabilitation Center opened in October 1969 which admits older mentally retarded boys who have been discharged from the special schools. The present capacity is 25, maximum capacity 60, The Center is administered by a private group, with Dr. Abdul Rahman Labban (a psychiatrist) founder and administrator. Mr. Marwan Ghadban, an "éducateur spécialisé" is the Director. The Center is subsidized through the Office of Social Development.

In 1970 the Lebanese Association for Mentally Handicapped Children will open a Work and Training Center for older boys and girls, under the direction of a teacher who has had a 4 month training experience in Holland and France.

Medical service - This is developing now under the Unité de Guidance Psychiatrique, supported by the state.

Residential care - In addition to the boarding school services listed above, residential care for the severely retarded is provided at the Hôpital de la Croix, and at Deir el Qamar., a mental hospital.

Financial assistance - The Office of Social Development pays the fees for a limited number at the above mentioned centers.

Recreation - Since 1965 the Lebanese Junior Red Cross has initiated recreational programs for retarded children. In 1968 this activity was organized for two afternoons per week.

Research - A study on malnutrition and mental retardation has been carried out in the Pediatrics Department of the American University in Beirut.

Personnel training - A unit for the training of personnel has been established in September 1966 which offers a three-year course for training "éducateurs spécialisés" (child care workers for handicapped children).

École d'éducateurs spécializés
c/o Mr. Mounir Chamoun
École Libanaise de Formation Sociale
21 rue Amin et Youssef Gemeyel
Beirut

OTHER INFORMATION FOR VISITORS

Arrangements for visits can be made through:

Centre d'Hygiene Mentale
Office du Dévelopment Sociale
Furn el Chebak
Beirut

Lebanese Association for Mentally
Handicapped Children
P. O. Box 6757
Beirut

or tha above centers for the training of personnel.

School holiday periods occur ten to twelve days for Christmas and Easter respectively, and one to two months in summer, between July and September.

MALTA

The Island of Malta because of her position in the center of the Mediterranean, her deep natural harbors, healthy mild climate and close proximity to both Europe and North Africa, attracted many powerful nations to her shores from the earliest times. The Phoenicians, the Carthagenians, the Romans, the Arabs, the Normans, the Angevins, the Aragonese and the Castilians, the famous Order of St. John of Jerusalem, the French and finally the British, all in their turn ruled over the country up to as recently as 1964 when Malta became an independent State within the British Commonwealth of Nations.

The civilizations of more recent times have all left their mark on the Island or, to be more exact, a small group of islands only 120 square miles in area but with a population of just over 320,000 which makes Malta the most thickly populated country in Europe. The official languages are Maltese and English but other languages are also widely spoken.

A 5-year development program started in 1964 has helped create new industries and encouraged tourism; there is still, however, considerable out-migration. Leading industries are ship repairing, food and beverages, textiles and tourism.

GOVERNMENT AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Ministries

Ministry of Education
"Messina House"
141 St. Christopher Street
Valletta

Mr. Joseph Burlo, Special Education Officer
Department of Education
Valletta

Ministry of Health
Merchant Street
Valletta

Dr. J. Pullicino, Physician Superintendent
Mount Carmel Hospital
Attard

Ministry of Labor, Employment and Welfare
144 St. Christopher Street
Valletta

Mr. J. Vella Bonnici, Director of Social Services
11 Kingsway
Valletta

Mr. Emmanuel Vassallo, Director of Labor
121 Britannia Street
Valletta

Mr. Vincent Sammut, Secretary
Disablement Resettlement Advisory Committee
121 Britannia Street
Valletta

Coordination and planning - The formation of a new National Council for the Handicapped (by the initiative of the Malta Welfare Society of the Handicapped), will coordinate the efforts and activities of private, church and state organizations concerned with mental and physical handicap.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Malta Welfare Society for the Mentally Handicapped (MWSMH)
Kennedy Memorial Clinic
17, Nursing Sisters Street
St. Julians

President: Prof. J. Balea. M.B.E., K.M., M.D.D.P.H.
Hon. Secretary: Mr. Salvino Tellus

Organized in 1963, the MWSMH has over 200 members, parents, professionals and interested citizens. It maintains a registration and counseling service and a weekly day center. However, the Society's main efforts have been directed to providing information to the public and to encouraging public and private agencies and organizations to extend their services to the mentally retarded.

The Society has also succeeded in bringing to Malta experts in mental retardation from several countries. It is a member of the International League of Societies for the Mentally Handicapped and the World Federation for Mental Health.

Other

Commission for the Sick
Malta Catholic Action
Monsignor M. Azzopardi, Director
"Villa Monsignor Gonzi" Residential Home
for the Handicapped
Tal-Provvidenza
Siggiewi

PUBLICATIONS

The bi-lingual journal published by the Malta Welfare Society for the Mentally Handicapped, Qawwi Qalbek, frequently includes professional articles on mental retardation.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Since 1966 the Malta Welfare Society for the Mentally Handicapped has maintained the J. F. Kennedy Memorial Child Guidance Clinic, the first such service in Malta. Additional services are being developed by the health authorities.

Education - The Department of Education is responsible for organizing classes and special schools for both mildly and moderately retarded children and young people (educationally sub-normal and severely sub-normal, according to British terminology).

Work-training and employment - Under the Ministry of Labor the legislation and facilities on behalf of disabled persons are extended to cover the mentally handicapped.

Medical care - Sickness assistance is available to households with mentally deficient persons, as is free supply of medicines.

Residential care - St. Vincent de Paule Hospital and Mt. Carmel Hospital provide a limited amount of residential care to profoundly retarded children and to the aged retarded. There are a number of private homes caring for handicapped persons. In 1968 the first home specializing in the care of the mentally retarded was opened under private auspices.

Recreation - The Malta Welfare Society is able to provide a certain amount with voluntary aid.

Planning - All services are still at an early stage of development. However, legislation is in the course of preparation which will enlarge services and facilities available to the mentally retarded.

OTHER INFORMATION FOR VISITORS

For visits to hospitals and clinics contact:

Department of Health
Merchant Street
Valletta

For visits to special schools and training centers contact:

Department of Education
141, St. Christopher Street
Valletta

School holidays

Christmas - 22nd December to January 2nd
Easter - Maundy Thursday to Ash Wednesday
Summer - 16th July to 15th September

MEXICO

With a territorial area of 761,604 square miles, the United States of Mexico are situated in the southern section of North America, and the northern section of the union of the two Americas; it is bordered on the North by the United States of America, on the East by the Gulf of Mexico and the Caribbean Sea and on the Southeast by the Pacific Ocean.

It has a population of 58,300,000, and the Federal District, with the capital, Mexico City, over 7.5 million. The official language is Spanish, although some indigenous groups (about one million) speak various Indian languages. About 94% of the population is Catholic.

It is a Republic, with a President elected every six years. He governs together with a Parliament and a Judiciary, under a political Constitution.

The Mexican educational system has had a great increase in the last few years, with a literacy rate of 77.5% (1966). The enrollment in primary schools reached almost 9 million in 1969, and secondary school enrollment almost one million; in the same manner the higher studies enrollment also increased; the total enrollment in the educational system was 10.5 million, of which 89% attended official government schools and institutions (Federal, State and Municipal), and the rest attended private schools. Special Education, at the beginning of 1971, received a promise of greater growth.

The Social Security system, which includes health care, has also been increasing enormously in the last few years, and there are actually more than 25,000 doctors (5.5 per 10,000) and 3,400 dentists (0.8 per 10,000); working in the various centers are more than 9,000 registered nurses and 40,000 nurse's aides.

The general development of Mexico in the last ten years has been notable.

GOVERNMENTAL AGENCIES WITH PRIMARY RESPONSIBILITY FOR MENTAL RETARDATION

Secretaria de Salubridad y Asistencia — Secretariat of Health and Welfare
Secretario: Dr. Jorge Jiménez Cantú
Reforma y Lieja Núm. 7
México, D.F.

Dirección de Salud Mental — Department of Mental Health
Director: Dr. Rafael Fernández Velasco
Lieja 7, 2° piso,
México, D.F.

Dirección de Rehabilitación — Department of Rehabilitation
Director: Dr. Guillermo Ibarra
Lieja 7, 5° piso
México, D. F.

Hospital Psiquiátrico Infantil — Children's Psychiatric Hospital
"Dr. Juan N. Navarro"
Calz. Buenaventura s/n
Huipulco-Tlalpan
México 22, D.F.

Hospital Infantil de México
Director: Dr. Rigoberto Aguilar
Calle Dr. Márquez 62
México 7, D.F.

Children's Hospital of Mexico

Escuela "Bernardino Alvarez para
Adolescentes Deficientes Mentales
Director: Prof. Ignacio Manuel del Castillo
Insurgentes Sur 3877,
México, D. F.

Mental Deficiency School for
Adolescent Boys

Secretaria de Gobernación
Secretario: Lic. Mario Moya Palencia
Bucareli 99, México, D.F.

Secretary of State

Departamento de Prevención Social
Director: Dr. Francisco Núñez Chávez
Tacuba 8
México 1, D.F.

Department of Social Insurance

Tribunal para Menores
Director: Dr. Gilberto Bolaños Cacho
Obrero Mundial Núm. 76
México, D.F.

Youth Protection Service

Instituto Mexicano del Seguro Social
Director: Lic. L. Gálvez Betancourt
Av. Paseo de la Reforma Núm. 426
México, D.F.

Social Security Institute

Hospital Pediátrico
Director: Dr. Luis Velasco Cándano
Ave. Cuauhtemoc 330
México, D.F.

Hospital de Gineco-ostetricia 2
Centro Médico Nacional
Av. Cuauhtemoc 330
México, D.F.

Hospital de Gineco-ostericia 1
Director: Dr. Luis Castelazo Ayala
Gabriel Mancera 222
Col. del Valle
México, D.F.

Hospital de Gineco-ostetricos 3
Director: Dr. Víctor Espinosa
de los Reyes
Cda. Vallejo y Zaachila
México, D.F.

Instituto Nacional de Protección a la Infancia
Director: Dr. Rafael Giorgana
Av. Emiliano Zapata 320
México, D.F.

National Institute of Child Welfare

Secretaria de Educación Publica
Secretario: Ing. Víctor Bravo Ahuja
Argentina y González Obregón
México 1, D.F.

Secretary of Public Education

Dirrección General de Educación Especial
Directora: Prfa. O. Mayagoitia
Campos Elíseos y Bernard Shaw
México 5, D.F.

General Direction of Special
Education

Escuela Normal de Especialización
Campos Elíseos y Bernard Shaw
México 5, D.F.

Special Education Teacher Training College

Instituto Médico Pedagógico
Directora: Prfa. M. Garza T.
Arteaga Núm. 35
Villa A. Obregon,
México, D.F.

Medico-Pedagogical Institute

VOLUNTARY ORGANIZATIONS PRIMARILY CONCERNED WITH MENTAL RETARDATION

Professional:

Sociedad Mexicana para el Estudio Científico de la Deficiencia Mental
Presidente: Dr. Guillermo Coronado
Secretaria: Prfa. M. Garza T.
Extremadura 28
México 19, D.F.

Mexican Association for the Scientific Study of Mental Deficiency

Organized in 1966; it is affiliated with the International Association for the Scientific Study of Mental Deficiency and the Iberolatin-American Group on Mental Retardation.

Citizen:

Although there are many voluntary groups of parents and interested professionals which support special school programs, a national organization has not yet been established. Among those which have been in existence over ten years are:

Asociación Mexicana Pro-Niño Retardado Mental
(Day school - "Guardería Especializada Núm. 1")
Av. Tacubaya 560
México 11, D.F.

Asociación de Protección a los Niños con Trastornos Mentales
(Day school and clinic - "Instituto Psiquiatrico Infantil")
Guanajuato 2048
Chapultepec Country Club
Guadalajara, Jalisco

Member of the International League of Societies for the Mentally Handicapped.

RESEARCH

Programa de Genética de la Comisión Nacional de Energía Nuclear
Director: Dr. Alfonso León de Garay
Av. Revolución 1608
México, D.F.

Genetic Program of the Commission of Nuclear Energy

Hospital Infantil de México
Children's Hospital of Mexico
Departamento de Investigación
Nutrición II
Director: Dr. Joaquín Cravioto
Calle Dr. Marquez 62
México 7, D.F.

Instituto Nacional de la Nutrición
National Institute of Nutrition
Director: Dr. Salvador Zubirán
Dpto. de Endocrinología
Calle Dr. Jiménez 261
México, D.F;

PUBLICATIONS WHICH INCLUDE ARTICLES ON MENTAL RETARDATION

Boletín de Pediatría y Deficencia Mental
Editor: Dr. Guillermo Coronado
Av. Extremadura 28
México 19, D.F.

Boletín del Hospital Infantil
Director: Dr. A. Prado
Calle Dr. Marquez 62
México 7, D.F.

Revista de la Clínica de la Conducta
Editor: Dr. Fernandez Velasco

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents, is carried out by the hospital services, especially in departments of psychiatry and neurology. Certain centers specially concerned with the problems have been listed above, under Research. Pediatricians, in general, still lack information on mental retardation, and multidisciplinary training of other medical professions and of psychologists and teachers, has not yet been well developed. A main goal of the associations of parents is to provide consultation and services.

Education - Throughout the country the special schools are concentrated in the more densely populated areas. The majority of existing government schools accept only mildly and some moderately retarded children.

A listing is available from the editor of this Directory with addresses of 48 special schools in the Federal District and the Provinces, 18 of which are government supported, 3 having partial government support (rent, phone and utilities), the remainder being under private auspices, either non-profit (11) or proprietary (16).

Work training and employment - Planning for provision of these services is still quite new. In all public special schools in Mexico City vocational training workshops operate after the regular school hours.

Medical services - Specialized medical attention is available from centers indicated above under Case Finding and Diagnosis.

Residential care - Until now this has been provided in wards of psychiatric hospitals or in private institutions.

Financial assistance - At present it is very limited.

Research - While research in the field of mental retardation is still very limited, the important work being done at the Hospital Infantil in the relationship of nutrition to mental retardation is internationally known.

Personnel training - Systematic training of teaching personnel is provided by the Escuela Normal de Especialización and some other organizations. A number of teachers from the Central American states have been trained in Mexico.

Planning - There has been no specific planning in prevention, although various legislative proposals have been under consideration.

OTHER INFORMATION FOR VISITORS

All organizations give information and visits can be planned and requested from the following:

Sociedad Mexicana para el Estudio Científico de la Deficiencia Mental
Presidente: Dr. Guillermo Coronado
Secretary: Prfa. M. Garza Tijerina
Av. Extremadura Num. 28
Mexico, 19, D.F.

THE NETHERLANDS

Area - 15,800 square miles population 12.6 million. The world's most densely populated country, The Netherlands has a constitutional monarchy supported by ministerial responsibility and a bicameral parliament (The States General). The country has a rather homogeneous population, although in the religious sphere, of much import in the fields of health, welfare and education, there is a rather firm grouping between Roman Catholics (about 40%) Protestant (about 38%) and non-church affiliated persons (about 22%). This is reflected in the fact that human welfare services are usually rendered by Catholic, Protestant and non-denominational agencies providing parallel services.

The Netherlands' economy rests on agriculture, horticulture, shipping, and a rapidly growing industry, providing full employment, a factor which is of significance in the development of sheltered workshops and other rehabilitative services.

Social and health measures are well established and operate under a system which relies on a tripartite (Catholic, Protestant, non denominational) system of agencies which receive subventions from the appropriate public bodies. The Dutch have pioneered in establishment of efficient community psychiatry services, variously provided by government and voluntary agencies, and in the mental health field have more than 30 national organizations. Specialized organizations of the various professional and voluntary workers in other health, welfare and education areas are similarly numerous.

Education is compulsory for eight years from ages 7-15. Special education has long been a part of the Dutch public school system, schools for the moderately and severely retarded having been a part of the official system since 1950, and schools for the mildly retarded since the 1920's.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministerie van Sociale Zaken en Volksgezondheid	Ministry of Social Affairs and Public Health
Directie Gezondheidszorg Dokter Reijersstraat 10 Leidschendam (near the Hague)	Division of Public Health
Hoofdafdeling Gezondheidszorg I Preventive Medicine and extra-mural services	Department of Social Health Care
Hoofdafdeling Gezondheidszorg II Medical insurance and residential care	Department of Health Care
Directie Sociale Voorzieningen en Arbeidsverhoudingen Zeestraat 73 The Hague	Division of Social Provisions
Afdeling Complementaire Sociale Voorzieningen	Subdepartment for Social Employmen

Social employment and sheltered workshops; relates to subsidies and regulations for the GSW program (Municipal Social Employment), originally for the unemployed, now for all handicapped workers in need of special provisions.

Directie van Internationale Gezondheidzaken — Division of International Health Affairs
Zeestraat 73
The Hague
Reponsible for relationships with the United Nations, W.H.O., etc. The Bureau for Fellowships deals with requests for professional visits, etc.

In this brief listing it is impossible to indicate the various relationships within and between national, provincial and municipal governmental agencies and the voluntary non-profit organizations, relationships which relate to financial subsidies and standard setting, consultation and encouragement of preventive measures, legislative action, etc., in regard to the responsibilities of the Ministry of Social Affairs and Public Health as well as the Ministries listed below. However, one other specific agency should be noted, under the Division of Public Health:

Geneeskundige Inspectie voor de Geestelijke Volksgesondheid
(Medical Inspection for Mental Health Services)
Dokter Reijersstraat 8
Leidschendam
Dr. P. Baan, Chief Medical Officer for Mental Health
Dr. J. Veerman, Medical Officer of Mental Health in the field of Mental Retardation

Responsibilities relate both to provision of residential care (primarily administered by voluntary organizations) and to the social psychiatric services (community mental health services) for the mentally ill and retarded, child guidance clinics and related services.

Provincial or local public agencies more or less active in mental retardation and not dependent on ministries are:

Advisory bodies in matters of public health.	
Provinciale Raden voor de Volksgezondheid (in each of the 11 provinces)	Provincial Councils for Health
Agencies for direct care:	
Gemeentelijke Geneeskundige en Gezondheidsdiensten	Municipal Health Services in city areas
Stichtingen voor de Geestelijke Volksgezondheid	Provincial Mental Health Organizations in rural areas

Ministerie van Onderwijs en Wetenschappen — Ministry of Education and Science
Nieuwe Uitleg 1
The Hague

Hoofdinspectie voor Buitengewoon Lager Onderwijs — Chief Inspectorate for Special Education - 'B.L.O.'
N. IJ. Vliestra, Chief Inspector
Oorsprongpark 4
Utrecht

Both agencies are responsible for education programs in day and residential schools: the responsibility of the Ministry is primarily legislative, while the Inspectorate is the controlling, but also stimulating body and not directly a part of the Ministry.

Ministerie van Cultuur, Recreatie en
  Maatschappelijk Werk
    Directie Maatschappelijke Dienstverlening
      Afdeling Sociale Revalidatie
      P. J. Blommestijn, Chief
      Steenvoordelaan 370
      Rijswijk (near the Hague)

Ministry of Culture, Recreation
  and Social Welfare
Department of Social Services
  Subdepartment of Social
  Rehabilitation

Responsible for supervision of extramural care: day centers for children and adults, boarding homes for mildly retarded, social-pedagogic services.

Ministerie van Justitie
Plein 2b
The Hague

Ministry of Justice

To this Ministry belongs the responsibility for child protection (Kinderbeschermi) and supervision of institutions and homes some of which include mildly retarded young people.

Planning: A national planning and coordination body in the field of mental retardation care was established in 1964. This is a private organization, the Centraal Overlegorgaan inzake Zwakzinnigenzorg (C.O.Z. - Central Organization for Mental Retardation Care), with representation from the various government agencies concerned.

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

Professional:

Nederlands Genootschap ter Bestudering van
  de Zwakzinnigheid
J.J. Viottastraat 42
Amsterdam

Dutch Society for the Study of
Mental Deficiency

Established in 1964; affiliated with the International Association for the Scientific Study of Mental Deficiency

Overlegorgaan van Zwakzinnigeninrichtingen
  in Nederland
Badhuisweg 72
The Hague

Association for Intramural
Care for the Mentally Retarded

Unites the national Roman Catholic, Protestant and "general" (non-denominational) organizations providing residential care.

Stichting Federatie Sociaal Pedagogische Zorg
  voor Zwakzinnigen (SPZ)
Laan van Meerdervoort 323
The Hague

Federation of Social-pedagogic
Care Agencies for the Mentally
Retarded

Unites the three national associations working in this area which hold separate membership in the International League of Societies for the Mentally Handicapped.

(Indicative of the complex interrelationships is the fact that the chairman of the European League, which preceded the International League, as well as its first treasurer, were board members both of the "general" SPZ and the "general" Parents Association.)

These three organizations are.

Nederlandse Vereniging voor Sociaal-Pedagogische Zorg

Protestants-Christelijke Vereniging tot Bevordering van Sociale en Pedagogische Zor

Vereniging van de H. Josef van Cupertino

Citizen:

Stichting Federatie van Oudervereningingen van Geestelijk Gehandicapten Oude Leidseweg t/o Zwembad 'Den Hommel Utrecht	Federation of Parents Organization

Unites the three national parents organizations.

'Helpt Elkander' (general) 1954

'Voor Het Zorgen Kind' (Roman Catholic) 1957

"Philadelphia" (Protestant) 1957

Through the Federation they are members of the International League of Societies for the Mentally Handicapped. They receive government subsidy and in recent years have become especially active in stimulating action with regard to social security, recreation and provision of group homes (tehuisen) in the community, as well as providing mutual support to their members and information to the public.

Some other organizations concerned with the mentally retarded:

Overlegcentrum Buitengewoon Onderwijs van de Algemene Nederlandse Onderwijzers Federatie Herengracht 56 Amsterdam	Association of Special Education Teachers

Covers the three national special education organizations. Also a member is th "general" agency for social work for the mentally retarded. Nederlandse Vereniging voor Sociaal-Pedagogische Zorg, Laan van Meerdervoort 323, The Hague.

Inter-Federatief Overleg Beschuttende Werkplaatsen S.P.C.M. Besters, President (I.F.O.) Reinoudsingel 80 Venlo	National Association for Sheltered Workshops

All the foregoing organizations joined together in 1964 in the

Centraal Overlegorgaan inzake Zwakzinnigenzorg (C.O.Z.) J.J. Viottastraat 42 Amsterdam	Central Association for Mental Retardation Care

in which the three main ministries dealing with mental retardation are represented. The C.O.Z. has been sponsored from the beginning by the two national coordinating organizations in the field of mental health and social welfare.

Nationale Federatie voor de Geestelijke Volksgezondheid J.J. Viottastraat 42 Amsterdam	National Federation for Mental Health
Nationale Raad voor Maatschappelijk Welzijn Stadhouderslaan 146 The Hague	National Council for Social Welfare

As pointed out in the introductory paragraphs, because of the multitude of organizations active in providing or stimulating services for the mentally retarded in some way, it is not feasible to give a more complete listing. Such a listing would include special commissions and foundations, additional organizations of professional and voluntary workers on various levels in the fields of health, education, social welfare and employment, etc.

RESEARCH

Research is being carried on at several universities and institutions. Information can be given by the Chief Medical Officer of Mental Health and the

Nederlands Genootschap ter Bestudering van de Zwakzinnigheid J.J. Viottastraat 42 Amsterdam	Dutch Society for the Study of Mental Deficiency

PUBLICATIONS

Mededelingenblad C.O.Z. Edited by the Centraal Overlegorgaan inzake Zwakzinnigenzorg	Bulletin on the whole field of care
Tijdschrift voor Aangepaste Werkvoorziening Sponsored by the I.F.O. (National Association for Sheltered Workshops)	Journal for Sheltered Employment
Medelingenblad S.P.Z. Edited by the general organization Nederlandse Vereniging voor Sociaal-Pedagogische Zorg	Bulletin for social-pedagogic care in mental retardation (includes news and comments on items from abroad)

For addresses, see the above listingsof organizations.

Tijdschrift voor Orthopedagogiek J.L.L. Knijff Soestdijkseweg-Noord, 37 Bilthoven	Journal for Orthopedagogy, Edited by the national general organization for special school teachers, 'O en A'
Tijdschrift voor C.B.O. J.J. Dondorp Siriusstraat 49 Hilversum	Journal for Special Education Edited by the national Protestant organization for special school teachers and the national Protestant organization for social pedagogic care
Tijdschrift voor R.K.B.O. Sj. de Jong Groenstraat 17 Oisterwijk	Journal for special education edited by the national Catholic organization for special education
Tijdschrift voor Zwakzinnigheid en Zwakzinnigensorg Oranje Nassaulaan 16 's-Hertogenbosch	Journal for Mental Deficiency and Care for the Mentally Retarded Edited by SAMIVOZ, a group of Roman Catholic facilities

Journals are also published by each of the three national parents' organizations, as well as by numerous other organizations directly or indirectly related to the field of mental retardation.

Directories:

Gids voor de Geestelijke Gezondheidszorg — Guides for Mental Health Services
Edited by the library service of the National
Federation for Mental Health

The 1968-69 edition, in two volumes, contains information in Part I on organizational and financial aspects; Part II is an annotated listing of available facilities and services (10 and 17 florins, respectively).

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Case finding (early detection facilitating early treatment) is best available in the larger cities through consultation and health centers. Efforts are underway to improve and extend this throughout the country. Diagnostic services are available through the social-psychiatry clinics and the social-pedagogic centers. Both also provide consultation to parents and to the retarded youth and adults. Some areas have special out-patient clinics for mentally handicapped children.

Education - The Netherlands have pioneered in developing free specialized education under public auspices; for the mildly retarded ("debiles") this covers ages 7-15; for the moderately retarded ("imbeciles") ages 6-19. As with ordinary primary education, the schools are organized by either municipal or private organizations The "debile scholen" and the "imbecile scholen" constitute a separate system and are usually in different buildings. (The Bouwcentrum, an architectural planning center, has issued special publications on designs for these two types of schools Weena 700, Box 299, Rotterdam 3.) There are no special classes for the mentally retarded in the regular schools with the exception of a few for mildly retarded adolescents in secondary vocational schools. While school attendance is compulsory, parents have the right to reject the type of school recommended and to insist that their child, though retarded, attend normal school. However, it is estimated that over 95% of children needing special education are receiving it.

Special education in The Netherlands has 14 categories of schools but the two serving the mentally retarded adcomodate 75% of the total special education enrollment and about 2% of the school population ages 6-16 (in more than 300 day and boarding schools).

Work training and employment - As in special education, the Dutch have also pioneered in providing large industrial type sheltered workshops related to a system of community hostels. Due to the long period of full employment in the country mildly retarded young people easily find employment in industry or commerce, or else are placed through the social-pedagogical service. Workshops (which often serve a mixed clientele of handicapped persons) have accepted severely and even profoundly retarded persons at a time when other countries had hardly begun to serve the moderately retarded. Since 1949 mentally retarded persons in sheltered workshops have received wages and since 1964 enjoyed the same social benefits as employees in open industry.

New legislation taking effect in 1969 mandates all municipalities to create work opportunities, within or without workshops, for handicapped individuals. However there is now also provision for the creation of day centers for adults not able to work regularly, which might result to a certain extent in exclusion from the sheltered workshops of workers with low production.

Medical care - As in so many other countries, during the past decade the medical profession in general (i.e. not only psychiatry) has shown a growing interest in the problems of mental deficiency. In addition to the broad general prpgrams of medical care, new legislation which took effect in 1968 provides a special insurance scheme for severe medical risks and has provided substantial relief to the families of severely and profoundly mentally retarded children and adults. The law is broadly written and includes care, along with therapy, etc.

Residential care - There are many specialized institutions serving about 20,000 mentally retarded with another 6,000 harbored in general psychiatric institutions. A few institutions have 1,000 or more residents, but in general residential facilities are small and of high quality. A report on planning residential care, brought out by the office of the Chief Medical Officer for Mental Health, calculates a need for a total of 35,000 places in 1980. While there is a strong tradition in The Netherlands for wide use of residential care, more recently there has been very active interest in the development of stronger community services and the number of small group homes (hostels) for adults (as well as day programs for pre-school children) has increased rapidly.

Financial assistance - Most of the services rendered to the mentally retarded are free, but for some a small contribution is required which, in case of need, can be paid by the local authorities. Reference has already been made to the most important new medical insurance scheme and its advantage to the families of the mentally retarded, and to the wage payments earned by workers in sheltered employment as well as their rights to social insuranee.

Recreational programs - are to a considerable extant provided by the parents' associations. Holiday homes and camps have been particularly successful. Also the social-pedagogues, responsible for social adjustment of the mentally retarded, are very much concerned with organized leisure time activities, particularly for the older adolescents and adults.

Research -is being conducted mainly under private auspices, universities and residential institutions. The Godefroy Project, an intensive epidemiological investigation, receives financial support from the government. The Dutch Society for the Scientific Study of Mental Deficiency is concerned with promotion and coordination of research projects, and particularly in stimulating multidisciplinary clinical and field research. Study sections are concerned with such areas as stimulation and training of severely retarded children, psychological and pedagogical consequences of drug therapy, post-encephalitic follow-up, and Down's syndrome. The Dutch Institute for the Study of Children (J. Israelslaan 56, The Hague) includes some consideration of the mentally retarded in its work on early detection and early education.

Personnel training - Teachers of the mentally retarded must have the general primary teacher certificate plus a year of special courses. Care personnel for mental retardation services receive three years of in-service training culminating in an examination leading to a diploma. Social pedagogues (originally these were teachers concerned with after-care) receive a year of specialized training following their general social work diploma.

Planning and coordination - A most important and successful effort towards coordination on the national level has been the founding of the C.O.Z. - Central Organization for Mental Retardation Care, in 1964. Its primary purpose was to bring together under one roof, the private organizations (including the parents' associations) and to work toward improvement of cooperation, equipment, and working methods of the participating organizations by means of discussion, study and pressure on authorities. Many organizations from all work sectors of the mental retardation field have joined, and representatives of interested government departments provide consultation. A most significant and most widely discussed

C.O.Z. report is that prepared by the Committee on Early Detection, recommending a central team of experts for each region of 100,000 population, which would not only diagnose but also follow up each child, giving consultation to general practitioners, midwives, health clinic nurses, social workers, teachers and especially parents, to ensure, as far as possible, optimum treatment and education with no interruption in needed service.

In principle, coordination of government activities takes place through the Interdepartmental Committee for Rehabilitation. The semi-official Council for Rehabilitation, experts in the service of private and official bodies, has not yet occupied itself to any extent with the category of the mentally retarded.

Other information for visitors - Requests for information and assistance in arranging professional visits can be directed to:

Ministry of Social Affairs and Public Health
Hoofdafdeling Internationale Volksgezondheidszaken
Bureau Fellowships
Zeestraat 73
The Hague

Ministry of Culture, Recreation and Social Welfare
Department of Social Rehabilitation
Steenvoordelaan 370
Rijswijk

Central Organization for Mental Retardation Care (C.O.Z.)
J. J. Viottastraat 42
Amsterdam

School holidays - Holiday periods of the special schools occur during the months of July and August. Specific information can be requested from the

Inspectorate for Special Schools
Oorsprongpark 4
Ytrecgt

SUPPLEMENTARY INFORMATION

Address changes in 1970:

Change Central Organization for Mental Retardation Care (C.O.Z.)
to Nationaal Orgaan Zwakzinnigenzorg (N.O.Z.)
Maliesingel 55
Utrecht on pages 3, 4, 5, 7, 8.

Dutch Society for the Scientific Study of Mental Deficiency
Maliesingel 55
Utrecht on pages 3, 5.

NEW ZEALAND

Area - 103,736 square miles, lying 1,400 miles south-east of Australia, including all the islands within its administrative orbit, New Zealand reaches from the tropics to the Antarctic but most of its population lives in the North and South Island. Its scenic mountains and fiords, thermal areas and long beaches attract 100,000 visitors annually. The climate is temperate.

Population - 2 3/4 million of whom 90% are of British origin, 8% Maori and 2% other races. The Maoris are of Polynesian origin having migrated to New Zealand between the 10th and 14th centuries. They have had British citizenship since 1840 and equality with persons of European descent. Intermarriage is resulting in an increase in the number of citizens with a Maori ancestry and a sharp decrease in those who are fully Maori.

Government - New Zealand was a British colony from 1840 when large scale migration from Britain was organized. Self-government was granted in 1852 and New Zealand is now an independent member of the British Commonwealth with a unicameral parliament, the House of Representatives. Of the 80 members of Parliament, four are specifically elected to represent the Maori people.

Social Services - Racial legislation was far reaching by 1900 and education has been free and compulsory since the 1870's. The current social security and medical care provisions date from 1938. Most social services in New Zealand are provided by the state.

Services for the mentally retarded in New Zealand followed the pattern set by Great Britain and at mid-century these services were largely limited to public school classes for the mildly retarded (known then as "mentally backward") and closed institutions (known as "psychopaedic hospitals" or "hospitals and training schools") for those retarded persons whose removal from the community appeared necessary.

A major shift occured with the founding in 1949 of the Intellectually Handicapped Children's Parents Association, later changed in name to the Intellectually Handicapped Children's Society of New Zealand. The Society has stimulated a revolution in public thinking, professional attitudes and official actions and has pioneered a variety of community services. It has 28 branches and approximately 1,000 members and operates hostels, day care centres and workshops. The Intellectually Handicapped Children's Society has been a member of the International League of Societies for the Mentally Handicapped since 1965.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITIES

The Department of Health
Dr. S. W. P. Mirams, Director
Division of Mental Health
P. O. Box 5C13
Wellington

The Department of Education
Government Buildings
Wellington

Mr. David Ross, Officer in Charge of Special Education
Miss M.S. Sutch, Chief Psychologist
Mrs. D. Burton, Home Training Section, Correspondence School

Social Security Department
The Commissioner of Social Security
Aotea Quay
Wellington

VOLUNTARY ORGANIZATIONS WITH PRIMARY CONCERN IN MENTAL RETARDATION

Professional

The Scientific Council of the Intellectually Handicapped Childrens' Society
Prof. A.M.O. Veale, Chairman
c/o Human Genetics Research Unit
Medical School
University of Otago
Dunedin

Citizen

Intellectually Handicapped Children's Society
Mr. R. G. Mathews, General Secretary
P. O. Box 1063
Wellington

New Zealand Trust Board for Home-Schools for Curative Education
Secretary, Lohepa Home School
Fryers Road, R.D. 2
Napier

RESEARCH

I. H. C. Society Research Foundation
Sir Clifford Plimmer, Chairman
C/-P.O. Box 1063
Wellington
Mr. R. G. Mathews, Secretary
P.O. Box 1063
Wellington

Human Genetic Research Unit
Medical School, Prof. A.M.O. Veale
University of Otago
Dunedin

Individual research sponsored by medical and educational research foundations is beginning.

PUBLICATIONS

Journals

No professional journals solely in mental retardation are published. "The Intellectually Handicapped Child," a bi-monthly, is the official IHCS journal.

Directories

Special Services
Department of Education
Wellington

Directory of Social Services in Wellington
P. O. Box 1314
Wellington
(Mr. W. R. A. Lake, Editor)

Directory of Services for Handicapped Children in New Zealand
Brothers of St. John of God
"Marylands"
Christchurch

Community Care
Intellectually Handicapped Children's Society
P. O. Box 1063
Wellington

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation with parents - There is no organization directly responsible for case finding which therefore in infancy depends on the concern of parents and the level of awareness in obstetricians, nurses, family doctors and pediatricians. A noteworthy service is provided throughout the country by the visiting nurses of the Plunket Society, an infant health service, who see more than 90% of all newborn babies and maintain contact for the first 5 years.

Diagnosis in infancy may be made by general medical practitioners and is usually confirmed by a pediatrician. Children may be referred to Health Department Child Health Clinics which provide child guidance services and are extending their work for the retarded.

Counselling of parents is given by family doctors, pediatricians, psychologists of the Department of Education, social workers of the Department of Health and by the Intellectually Handicapped Children's Society.

Surveys of the incidence of mental retardation have been done in some areas but no systematic nationwide survey has been undertaken. There is no national register of retarded persons and no national register of children at risk although in some hospitals pediatricians maintain "at risk" registers.

Education - School attendance is compulsory from 6 years to 15 years, though children usually attend from 5 years. The development of pre-school services depends largely on voluntary effort but is subsidized by the state. Most of these kindergartens and play centres will accept retarded children whose admission is recommended by a doctor or by a psychologist of the Education Department.

Mildly retarded children enter normal school classes at 5 or 6 years and at 7 years are transferred to special classes within ordinary schools where they remain until 16 years. There are 180 special classes throughout the country, most in primary schools but some in intermediate and post primary schools where work training may be given. There are also 3 residential special schools for children from 10 years to 18 years and there are special classes in the psychopaedic hospitals.

Moderately and severely retarded children (known as "intellectually handicapped") may from 5 years to 18 years attend occupational centres which are provided by Education Boards and located on sites separate from other schools. Where there are between 6 and 11 children in an area the Intellectually Handicapped Children's Society provides premises and the Education Board provides staff, transport and standard equipment. Where there are 12 or more children, the Education Board assumes total responsibility .

The Home Training Section of the Correspondence School provides a unique service to over 100 retarded children living in isolated areas by regular mailing of individualized learning materials, consultation with parents and a personal visit at least once a year.

Private education is given at boarding schools such as St. Raphael's Home of Compassion (Carterton), Marylands Residential Special School for Boys (Christchurch), and Hohepa Home-Schools (Napier and Christchurch).

Selection for admission to public and private special classes, special schools and occupational centres is made by psychologists of the Education Department who assess social as well as mental development and who act as consultants to the teachers. There is also a medical examination.

Work training and employment - Psychologists of the Education Department and psychologists and psychiatrists of the Health Department co-operate with voluntary organizations to make assessments or give advice conconcerning the placement of young persons in workshops and work training programs. Training for retarded persons is offered in the Opportunity Workshops of the Intellectually Handicapped Children's Society, in the workshops in the four psychopaedic hospitals, in the Sheltered Workshops in Auckland and Christchurch and by the Disabled Servicemen's Re-establishment League in Wellington. For most retarded persons, employment within a workshop is terminal. Very few moderately and severely retarded persons are in open employment in New Zealand although this is the aim of the Intellectually Handicapped Children's Society.

Medical Services - In New Zealand all hospital treatment and care is free. A charge, never prohibitive, is made for private medical consultations. The Department of Health's Child Health Clinics and medical staff give advice to parents of retarded children but medical care is given by general practitioners, pediatricians and general hospitals.

Preventive measures against damage due to RH factor are being carried out and the Guthrie test for PKU is used for 95% of newborns. The government has approved universal, but not compulsory, vaccination against measles, and a pilot program against Rubella.

Residential care - Retarded children and adults who cannot live at home may be admitted to psychopaedic hospitals, the largest of which has 720 patients. However, because of insufficient psychopaedic accomodation, many retarded persons are taken into mental hospitals where an attempt is made to provide appropriate programs for them. Inadequate community services for the retarded have resulted in excessive demand for hospital accomodations.

Intellectually Handicapped Children's Society hostels in several areas offer residential care for a small number of retarded persons attending schools or workshops and provide some short-stay care for all ages. At present the Society cannot meet the demand for accommodation.

Other residential care is provided by the Rudolph Steiner Hohepa Homes for school children and young adults, usually the less severely handicapped; St. Raphael's Home of Compassion, for physically and mentally handicapped women; Marylands (St. John of God) for retarded and emotionally disturbed boys; and Corstorphine (Presbyterian Social Service Association, Dunedin) for retarded women.

Within the community in New Zealand, there are inadequate services for other than the ambulant school age child thus, forcing the placement of many children in the large psychopaedic hospitals. Greater government subsidy to voluntary organizations or smaller homes established and administered by the state, or development along both these avenues, is desired by many parents and professional workers.

Financial assistance - The state gives subsidies of at least 1:1 on capital expenditure by voluntary societies for the establishment and improvement of approved workshops, hostels and day care centres. It subsidizes some staff salaries and pays maintenance subsidy for children living in hostels.

Mentally retarded persons over 16 years receive a Social Security Invalidity Benefit (not dependent on insurance contributions) at the same rate as other disabled or chronically ill persons.

Recreation - Apart from Boy Scout and Girl Guide groups, there is no organized recreational program for retarded persons. Some branches of the Intellectually Handicapped Childrens' Society run holiday homes for the retarded and their families and other service groups give concerts, parties and picnics.

Research - The Human Genetics Research Unit, Medical School, University of Otago, Dunedin, under the chairmanship of Professor A.M.O. Veale, is carrying out extensive studies, particularly in metabolic anomalies. During 1968/69, Dr. Robert Guthrie, while on sabbatical leave, assisted in mass screening for PKU and other genetic conditions using blood samples from all newborns in New Zealand and from those born under medical supervision in the Pacific Islands of Australian New Guinea, the Gilbert and Ellice Islands, the Cook Islands, Fiji, Rarotonga, Western Samoa and American Samoa, the Lokelau Islands and the British Solomon Islands.

Personnel training - Teacher training: Head teachers in occupational centres are certified teachers with no specialized training in teaching retarded children though they may elect to take a short course in this after appointment. Assistants are untrained apart from a six week in-service course. Nurse training: Psychopaedic nurses take a three year hospital course which also includes workshop training, kindergarten teaching and teaching the severely retarded.

Planning - Recent legislation provides for a transfer of the control of psychopaedic hospitals from the Mental Health Division of the Department of Health to local Hospital Boards. There is no certainty about the early implementation of this provision.

Officers of the Intellectually Handicapped Children's Society are in frequent communication with relevant government departments to discuss the expansion of services but there is no inter-agency committee. In Wellington and Christchurch there have been meetings of interested parties to examine building requirements for services for the retarded.

OTHER INFORMATION FOR VISITORS

The General Secretary, Intellectually Handicapped Children's Society, would give advice and further addresses for contact.

The Education Department and the Health Department would offer advice or assist in arranging a tour according to the visitor's academic or professional interests.

School holidays are from mid-December to the end of January;
second and third weeks in May;
mid August to first week in September.

NICARAGUA

Nicaragua is the largest of the Central American Republics with an area of 57,100 square miles and coastal lines on both the Pacific Ocean and the Carribean Sea. Its population of slightly less than two million is largely of mixed Indian and European (Spanish) origin, of the rest only about 4% are Indian, 9% Negro and 17% white.

Long under Spanish rule, Nicaragua has been an independent republic since 1938. Its constitution provides for a bicameral legislature and a President who is elected for a five year term, cannot succeed himself, and presides over the Cabinet of 10 Ministers. The capital city, Managua, has a population of over 300,000.

Agriculture and forestry are still main supports of the economy but industrialization has made much progress in recent years. Spanish is the official language and the literacy rate is 50%.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministerio de Educación Pública Director de Educacíon Primatia Managua	Ministry of Public Education Director of Primary Education
Ministerio de Salud Pública Managua	Ministry of Public Health
Junta Nacional de Asistencia y Previsión Social Managua	National Council for Social Assistance and Insurance

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Diagnosis and assessment is carried out empirically by the directors of the two schools for the mentally retarded.

Education Escuela Nacional de Orientación y Educación
Director: Dr. Apolonio Barrios Mayorga
Calle Cementerio General
Managua

This national school of guidance and special education, which serves deaf as well as mentally retarded children, has an enrollment of 76 pupils. It has been in existence for more than 15 years.

Escuela de Enseñanza Especial No. 2 "Dr. Meneses Ocón"
Directora: Isaura Garcia Castillo
Calle 27 de Mayo, Quinta Barrios
Managua

This school was recently established and has about 45 pupils, including both mild and moderately retarded. Both schools are under the supervision of the Education Department.

Medical care - Specialized medical attention is provided to the first of these schools through its director, a psychiatrist.

Residential care - is provided in the mental hospital (Hospital Neuro-psiquiátrico) which has a section for mentally handicapped children. Two teachers conduct class programs.

Financial assistance - Through the Ministry of Education, the State contributes to the salaries of special school teachers. Other expenses must be funded from private sources. Pupils in school No. 2 pay a small fee.

Personnel training - Several of the teachers have had special training in Mexico.

OTHER INFORMATION FOR VISITORS

Requests may be directed to the Ministry of Public Education.

School holidays - The long vacation extends through March and April, except in the coffee plantation areas when it is during December and January.

NORWAY

Norway is bounded on the east by Sweden, Finland and the USSR; its 1,000 mile coastline is indented with deep fjords and about one-third of the land area (125,181 square miles) lies above the Arctic Circle, warmed by the Gulf Stream. Deep valleys and barren or forested mountains cover so much of the country that only 3% of the land can be cultivated. With only 3.8 million inhabitants, Norway has the second lowest population density in Europe, the highest life expectancy rate in the world, and a high and evenly divided standard of living.

After having been united with Denmark and then Sweden, Norway became an independent constitutional monarchy in 1905 (although its constitution dates back to 1814), based on democratic principles of citizen participation in local self-government; the political power is centered in the Storting (Parliament).

Long dependent on farming and fishing, Norway has developed into a modern, industrialzed society, many changes having taken place especially in the last two decades.

Compulsory elementary education was first introduced in 1739 and a compulsory education act for handicapped children was adopted in 1881. Ordinary elementary schooling lasts for 7 to 9 years, beginning at age seven. Every citizen belongs to the National Health Insurance System which covers virtually all medical and hospital needs with costs shared by the State, municipalities, employers and wage-earners. Similar systems provide unemployment and disability insurance, and other social benefits as child allowances, maternity benefits, old age pensions, and rehabilitation services are considered important ways of promoting the common welfare by social and economic action.

In contrast to other Scandinavian countries, governmental responsibility for the mentally retarded has been more sharply divided between education and health authorities, and the provision of services for those not considered able to attend special schools for the mildly retarded is shared to a far greater extent with voluntary organizations and private individuals, in close cooperative arrangements. Norway's approach to the problem of mental retardation is generally characterized by a warm concern for the developmental potential of the retarded individual, but for the more severely handicapped it was only after the country had begun to recover from the "dark years" of the Occupation that much more than custodial care was provided. Partly through pressure by individual pioneer parents, new laws came into effect in 1949 and 1951, and in the two decades following, the number of persons receiving care (not attending special schools) increased 12-fold, from 500 to over 6,500. Official terminology in use for the mildly retarded is "evneveike," and for moderately, severely and profoundly retarded, "åndssvake."

GOVERNMENTAL AGENCIES WITH PRIMARY MENTAL RETARDATION RESPONSIBILITY

Kirke-og undervisningsdepartementet	Ministry of Church and Education
Undervisningsdirecktoratet	Department of General Education
Bygdøy Alle, Oslo	Schools for Handicapped Children Division
Sosialdepartementet	Ministry of Social Affairs
Helsedirektoratet	Directorate of Health
Kontoret for Psykiatri	Psychiatric Division
Drammensveien, Oslo	
Overlege Christian Lohne Knudsen	Chief Medical Director

National planning and coordinating body:

Samordningsrådet for åndssvakesaken i Norge
(See below)

VOLUNTARY ORGANIZATIONS

With primary concern in mental retardation;

Samordningsrådet for åndssvakesaken i Norge
Torggaten 10
Oslo
Advokat Kaare Jønsberg, Secretary

Coordinating Council for the
Mentally Retarded in Norway

The Council was established in 1951, on the suggestion of the Minister of Social Affairs, in order to help implement the 1949 law by which financial assistance could be given to the voluntary sector for building and maintaining facilities. The Council consists of representatives of the 20 County Committees (many active parent or HELP groups -- Støttelaget), and the 8 national humanitarian and health organizations which have taken responsibility for providing residential and day services, plus delegates from the Teachers' Society and the Association of Directors of facilities for the mentally retarded (åndssvake); there is also official consultative representation from the Health Department. The Council holds regular meetings, a large annual conference,and publishes a journal (Hjerte Bladet).

It is an early member of the International League of Societies for the Mentally Handicapped, and one of its prime movers, Fru Ragnhild Schibbye, a parent who has helped organize many of the programs in Oslo, has served on the League's Executive Council.

Norsk Forbund for Psykisk Utviklingshemmede
c/o Mr. Sigurd Gohli
Asbjørn Knutsensgt. 20
3670 Notodden

Norwegian Association for the
Mentally Handicapped

Founded in 1967, a primary aim of the Association is to bring together the parents groups in their own national organization in order to give their special viewpoints more public emphasis, and to represent more actively the still unmet needs and special rights of mentally retarded children and adults. The Association became a member of the International League in 1968.

Other voluntary organizations which include mental retardation:

Norges Røde Kors Barnehjelp
Fredrik Stangsgate 25
Oslo

Norwegian Red Cross
Children's Aid

The other national organizations which participate in the Coordinating Council not listed above are:

De Norsk Diakoners Broderforbund	Norwegian Diocesan Brotherhood Union
Nasjonalforeningen for Folkehelsen	National Public Health Association
Norges Bondekvinnelag	Norwegian Farm Women's Society
Norges Husmorforbund	National Association of Housewives
Norsk Folkehjelp	Norwegian People's Relief Association
Norske Kvinners Sanitetsforeningen	Norwegian Women's Health Organization

RESEARCH

See Brief Notes

PUBLICATIONS

Journals:

Hjerte Bladet Ruth Erlandsen, Editor Torgatten 10, Oslo	Quarterly journal (since 1954) of Samordningsrådet for åndssvakesaken i Norge
Vår Rett Britt Tommerbakk Fred Olsens gt. 11, Oslo	Quarterly journal (since 1970) of Norsk Forbund for Psykisk Utviklingshemmede

Directory:

A detailed directory of services and number of patients is issued annually by:

Helsedirektoratet,
Kontoret for Psykiatri
Drammensveien, Oslo

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, parent counselling - Most early case finding takes place through maternity hospitals, general practitioners or public health nurses in the 1,400 health centers for mother and child scattered throughout the country which provide infant control and, in most cases, check-up services for small children. Pediatric or neurological and psychiatric departments of larger hospitals are the resource for secondary assessment. The Oslo Observation Home and Policlinic provides an outstanding multidisciplinary assessment, treatment and consultation service. This was one of the first comprehensive diagnostic centers in Europe; it has set a high standard and had an important impact on the whole country.

Education - Schools for the mildly retarded were at first only residential but increasingly special day schools and classes have been provided in the larger municipalties. In view of Norway's widely scattered population, the need for boarding schools remains high. It is estimated that special schools for all types of handicap must provide for approximately 2% of children of primary school age but present facilities fall far short of this. In 1967, 41 special schools with places for 2,200 "evneveike" were in existence with about 5,600 places needed, according to an estimate by the Special Schools Advisory Council.

Education of the moderately and more severely handicapped is not yet the responsibility of the Education Department, but of the 10 regional mental retardation services under supervision of the Health Department. "Day Homes" under voluntary auspices have greatly increased in number and most provide some educational programs, as do residential homes.

Work training and employment - Norway has a long history of providing services to the handicapped but as in most other countries the mentally retarded were one of the last groups to be included and still today form only a small percentage of those served in sheltered workshops and vocational training centers. The Oslo Støttelaget for åndssvakesaken (HELP organization) serves 70 trainees in the newly-built Fossheim Verksteder and a few have been placed in open employment, but in general for older adolescents and adults the available programs, outside of residential institutions, are in small non-industrial work centers.

Medical care - There are 14 full time physicians (psychiatrists) employed in the services for "åndssvake." As in the other Scandinavian countries, general child health services are of high quality and accessibility. Medical care for the more severely retarded, however, is primarily given in the residential institutions.

Residential care - Norway is divided into ten mental retardation regions; in each there are one or more central institutions (Sentralhjem) and two to ten smaller "homes." The largest, in Klaebu, near Trondheim, serves 449 residents; next in size is Trastad gård in North Norway, with 378, Emma Hjorthshjem, Sandvika near Oslo, with 317 and Bakkebø near Egersund, with 313. Klaebu and Emma Hjorhshjem are the only ones owned by the State. Two are owned by counties; two by the Oslo commune; and the rest are under private management. Altogether there are 88 residential institutions and homes, most with fewer than 100 residents and many serving 15 to 30, or even fewer.

Hostels (community residences) are as yet few in number; about 500 children and adults are placed in subsidized private family care. Among the humanistic voluntary organizations providing resident care (and day programs), the Red Cross is unique, from the international point of view. The central home, Bakkebø, was initiated with Red Cross help and Grimmebakken, Home and School for 120 children and adolescents, 70 miles from Oslo, is still owned and managed by the Oslo Red Cross Retarded Children's Aid Committee.

Financial assistance - Under the 1949 law and later changes, services for the mentally retarded (åndssvake) are financed cooperatively by the State, counties, communes and private organizations. Homes and centers must be approved by the Health Directorate of the Social Affairs Ministry which provides transportation expenses, construction costs of certain buildings and maintenance costs, a part of the latter to be reimbursed by the home town or commune of the retarded person.

Private and municipal central homes may include interest payment of loans in the yearly subsidized budget. Parents do not pay fees, and each handicapped person is entitled to a disability pension.

Recreation and leisure time programs - Norwegians are an outdoor sport-minded people and retarded persons learn to ski, spend holidays in the mountains and, as in other Nordic countries, enjoy travel in groups to the Mediterranean countries. Recently on private initiative a holiday hostel with small cottages, Solgården, has been built on the Spanish Costa Brava where groups or families from Norway may spend vacations.

Research - Norway's most significant contribution to mental retardation research has been the work of Dr. Asbjørn Følling, discoverer of PKU (phenylketonuria or Føllings disease) in 1934. While most later research has been on medical problems and there is no research institute specifically on mental retardation (and little collaboration between disciplines), there is increasing interest in in the behavioral and learning areas, centered primarily in the Institute for Educational Research of the University of Oslo. Some funds for research have been raised by Samordningsrådet for åndsvakesaken i Norge.

Personnel training - Lack of enough specialized personnel is considered one of the most acute problems. Since 1960 a new type of post-diploma course for special teachers has been offered, the first year on basic teaching questions with emphasis on the child rather than the handicap, followed by a year of specialization in one of three areas - deaf, retarded, or maladjusted. Three-year training courses for care personnel are being offered, in Emma Hjorthshjem, and the Ragna Ringdals Daghjem and Oslo Observasjons hjem og poliklinik (Støttelaget for åndssvake in Oslo).

Nurse training is 3 years and may be followed by an advanced course in psychiatric nursing. Only short courses in mental retardation have been offered in other disciplines, as medicine, psychology, pedagogy, social work and for the directors of smaller residential homes.

Planning - Since 1945 when the regional plan was initiated, services have been developed gradually. It is planned to increase from 10 to 12 regions, each with a medical director who supervises the central homes, smaller homes, day centers, sheltered workshops, hostels, after-care homes, family care and outpatient clinics considered necessary for each region.

OTHER INFORMATION FOR VISITORS

Assistance in making visits can be requested from:

Overlege Christian Lohne Knudsen
Kontoret for Psykiatri
Helsedirektoratet
Drammensveien, Oslo

Samordningsrådet for åndssvakesaken i Norge
Torggaten 10
Oslo

School holidays - The summer vacation period extends from mid-June through mid-August.

PAKISTAN

Pakistan, with a population of 130 million and a total area of 365,000 square miles became a sovereign nation in 1947, following partition from India of Bengal and the Punjab. Independence was achieved at a heavy price, the country being divided into two provinces, on either side of India, 1,000 miles apart. West Pakistan has 85% of the land area, 46% of the population and the new national capital, Islamabad. Dacca is the provincial capital of East Pakistan, Lahore that of West Pakistan.

The country is multi-ethnic and multi-linguistic; official languages are Urdu and Bengali. English is widely spoken and an accepted language in government. Nearly 90% of the population is Moslem (herein lies the reason for Pakistan's fight for independence and continuing difficulties with India where 85% of the population is Hindu).

The present government is federal and presidential in form. The National Assembly has equal membership from both provinces; each has an Assembly and Provincial Governor, but many questions of the relationship between the East and West have still to be solved.

In the years since partition, Pakistan has made considerable progress in developing from an almost exclusively agricultural economy, but the average standard of living is still very low; per capita income is about $95 annually. There is considerable unemployment and underemployment and literacy is still only around 20%. Compulsory free elementary education is a main future goal.

GOVERNMENTAL AGENCIES WITH PRIMARY RESPONSIBILITY FOR MENTAL RETARDATION

Ministry of Health
Government of Pakistan
Islamabad

Ministry of Education
Government of Pakistan
Islamabad

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Society for Children in Need of Special Attention (SCINOSA)
18-H, Block 2, P.E.C.H.S.
Karachi

The Society for Children in Need of Special Care was founded in 1962 by its Honorary Secretary General, Mr. A. S. Muslim, father of a retarded son, who started a day home (with just 2 children) which now serves as day center and training school for more than two dozen boys and girls ranging in age from 4 to 20 years. Emphasis is on handicraft training, music, and social adaptation; an active scouting program is an important feature of the school.

The Society depends on financial appeals to the public and has received some aid from the National Council of Social Welfare, interested groups in Norway and assistance in meeting costs of transport and salaries of two teachers from the Jinnah Post Graduate Medical College, which also provides technical assistance and guidance. SCINOSA is a member of the International League of

Societies for the Mentally Handicapped.

Association for Retarded Children
125-G, Block 2, P.E.C.H.S.
Karachi

Chambeli's School
c/o Mr. M. Bhandara
Murree Brewery
Rawalpindi

Amin Maktab
c/o Mr. Yaqub Shah
11-C, Waris Road
Lahore

A National Association is in the process of being formed which will be a "Federation of the Societies concerned with Mental Retardation."

Other organizations which include mental retardation

ABSA
225/A, Block 2, P.E.C.H.S.
Karachi

AlShafa, School for the Handicapped
Karachi Airport

Rehabilitation Society of Karachi
Dr. R. A. Kirmani, Jinnah Postgraduate
Medical Centre, Karachi

Pakistan Association for Mental
Health Research, Ghafoor Chambers
Karachi

RESEARCH

The Pakistan Medical Research Council and the Ministry of Health coordinate financing of research.

PUBLICATIONS

Journal of Pakistan Medical Association
Karachi

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Information available is limited. Departments of neurology and/or psychiatry at the larger teaching hospitals provide the kind of services needed within the limitations of their resources in time, facilities and expertise. The best example is perhaps the Neuropsychiatric Unit, Jinnah Postgraduate Medical Centre, Karachi, where an extensive program is in operation under the direction of Professor Zaki Hasan, F.R.C.P.

OTHER INFORMATION FOR VISITORS

The Ministry of Health at Islamabad and in the provinces would be able to provide a program for professional visitors.

Requests can also be directed to:
Mr. A. S. Muslim, Hon. Secretary General
SCINOSA
26, Oriental Chambers
Altaf Husan Road (P. O. Box 4929)
Karachi 2

School holidays - The holiday period is approximately for three months ranging from May to September, depending on the part of the country.

PARAGUAY

The Republic of Paraguay is a semi-tropical, land-locked country bounded by Bolivia, Brazil and Argentina, its capital city, Asunción, 1,000 miles by river to the ports of Buenos Aires and Montevideo. Paraguay is about the size of California (157,057 square miles) but has a tenth of its population (2.5 million). The vast majority of the people live within 100 miles of Asunción; about 95% are of mixed Spanish and Indian (Guarani) descent and, while Spanish is the official language, about 40% of Paraguayans speak only Guarani. A number of foreign ethnic groups have settled in the country, many in agricultural colonies.

Paraguay gained independence from Spain in 1811. Its present government is highly centralized, and the President, General Stroessner, has been in office since 1964. A new constitution providing for a bicameral legislature was adopted in 1967.

Paraguay is preeminently an agricultural country with cattle-raising and lumbering the mainstay of the economy. It is faced with many of the economic problems common to most developing countries: while international loans have assisted in large-scale development projects, there is a chronic shortage of local contributory currency, and it has not been possible to undertake all the needed social development programs, as in health and education. Nevertheless, the literacy rate is reported as 74%, although the average life span is only 45 years.

The law on compulsory schooling did not provide for any special education for mentally deficient children. In 1956 and 1958 two official special ("differential") schools were opened in Asunción but primarily for backward or very mildly retarded pupils.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministerio de Salud Pública Departamento de Salud Mental Dr. August Carrizosa, Director Brasil y Pettirossi Asunción	Ministry of Public Health Mental Health Department
Ministerio de Educación Departamento de Psycopedagogía Dr. Teofilo Salinas, Director Chile y Harnaitá Asunción	Ministry of Education Educational psychology department

VOLUNTARY ORGANIZATIONS

Citizen:

DENIDE (Movimiento Pro Derechos del
Niño Deficiente)
President: Ingeniero Enrique Obiglio
Sebastian Gaboto 433
Asunción

Professional:

Asociación de Maestros para Excepcionales Profesora Alba Sotomayor, Presidenta	Association of Teachers of Exceptional Children

BRIEF DESCRIPTIVE NOTES

Casefinding, Diagnosis and Assessment, Consultation to Parents - Casefinding is generally dependent on referral by parents, teachers, doctors or social workers and, most frequently, because of the child's difficulties in school. Diagnostic and assessment services are provided in a mental health clinic or a regional health center which has a psychiatrically-oriented personnel. A multidisciplinary evaluation team is part of the new program of the

Instituto Psicopedagógice de DENIDE
Professora Nilda A. de Alverengo, Directora
Dr. Agustin Carrizosa, Asesor Médico
Sebastian Gaboto 433
Asunción

Education - The above-listed Psychopedagogic Institute is a special school for mildly and moderately retarded children recently established by the DENIDE association of professional persons, parents and interested citizens.

The two official special schools are:

Escuela de Recuperación Podagógica
Professora Orfiria Chamorro, Directora
Colón y Piribebey
Asunción

Escuela John F. Kennedy
Profesora Celia Jara Recalde, Directora
Tecera y EE. UU.
Asunción

A total of 180 children are being educated in these two schools.

Personnel training - Some of the teachers have had training arranged through the Interamerican Child Institute at the special school directed by Profesora Eloisa Garcia Etchegoghen de Lorenzo in Montevideo, or in other centers (in Buenos Aires, Madrid).

Planning - It is hoped in future to develop adequate programs of vocational and occupational training. Specialized residential programs and adequate financial assistance plans are also a future goal.

OTHER INFORMATION FOR VISITORS

Requests may be directed to the
Instituto Psicopedagógico de DENIDE
Sebastian Gaboto 433
Asunción

School holidays - The summer vacation which lasts through December to mid-March; Easter and other church holidays and a one or two-week winter vacation in July.

PHILIPPINES

The Philippines is an archipelago of more than 7,000 islands with a total land area of 115,707 square miles. Population as of 1968 is 35,883,000. It was christianized after three centuries of Spanish colonization and guided to self-government by the United States till independence on July 4, 1946. It is now considered a show window of democracy in Asia.

Predominantly agricultural, this country is endowed with rich natural resources. It is noted for its exports of sugar, copra, abaca, lumber, minerals, and handicraft. Other agricultural products are: rice, corn, bananas, pineapples, vegetables, etc. It is slowly moving to industrialization.

The educational set-up consists of a six-year elementary education; a four-year secondary education; and a minimum of four years of college work. The Department of Education supervises both public and private institutions in the country. Although the national language is Philipino, English is the medium of instruction in schools (except in grades one and two) and is also accepted in professional and business circles.

Roman Catholicism is the religion of about 84 percent of the population, which is predominantly of Malay origin with Chinese, Spanish, and American the largest additional groups. The estimated rate of literacy is 75 percent.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Department of Education, Bureau of Public Schools
Special Subjects and Services Division
Mrs. Marcela B. Garcia, Chief
Bureau of Public Schools
Manila

University of the Philippines
Special Education Department
University of the Philippines
Diliman, Quezon City

National Coordinating Center for the Study and Development of Filipino Children and Youth
312 Quezon Boulevard Extension
Quezon City

Department of Social Welfare
Bureau of Child and Youth Welfare
Dr. Roberto Sucgang, Director
389 San Rafael
Manila

Elsie Gaches Village
Alabang, Rizal

Nayon Ng Kabataan
Manila International Airport Road
Pasay City

Reception & Study Center for Children & Youth
Bago Bantay, Quezon City

NON-GOVERNMENT AGENCIES CONCERNED WITH MENTAL RETARDATION

St. Joseph of Cupertino's School
Mrs. Leticia J. Lizaso, Director
Mangyan Road, Loyola Heights
Quezon City

St. Nicholas Center
Miss Isabel Zulueta, Director
13 Chico Street, Loyola Heights
Quezon City

Special Child Study Center
Miss Lita Servando, Director
44 Rosario Drive, Quezon City

The White Hut Center for Children with Special Needs
Mrs. Roberto Sucgang, Director
234 Tomas Morato Avenue
Quezon City

Elks Cerebral Palsy Clinic
Dr. Deogracias Tablan, Director
Mandaluyong, Rizal

VOLUNTARY ORGANIZATION CONCERNED PRIMARILY WITH MENTAL RETARDATION

The Foundation for Retarded Children
A & T Building, Escolta, Manila
P. O. Box 772

RESEARCH

Research Evaluation and Guidance Division
Bureau of Public Schools,
Manila

PUBLICATIONS

The Modern Teacher
P. O. Box 1504
Manila

The Progressive Teacher
672 San Marcelino
Manila

Philippine Journal of Education
P. O. Box 1576
Manila

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

The case finding program through referrals from teachers, general practitioners and parents is done in public as well as private schools. The public elementary schools serve 1,021 slow learners and/or mentally retarded children all over the Philippines as of the school year 1968-1969. For better acceptance and understanding of a mentally retarded child by his family and community, frequent meetings and conferences are organized by school administrators and teachers.

Education - The Bureau of Public Schools offers special education programs only to educable mentally retarded children. A small percentage of the more severely mentally retarded are taken care of by voluntary agencies enumerated above and at the Elsie Gaches Village.

Residential care - The Elsie Gaches Village, one of the Department of Social Welfare's child-care institutions, provides residential care, training and rehabilitation for severely and profoundly retarded.

Personnel training - The Bureau of Public Schools offers a scholarship program at the University of the Philippines to deserving regular teachers. Seminars, work conferences, and in-service education courses are held for school administrators, guidance counselors, classroom teachers, and the general public. Peace Corps volunteers are also utilized to team-teach with Philipino teachers.

Other Information for Visitors

Assistance in planning visits can be requested from:

Special Subjects and Services Division
Bureau of Public Schools
Manila

School vacations: the months of May and June, the last two weeks of December, Holy Thursday, Good Friday, and January 21, Anniversary of the Bureau of Public Schools; April 9, Bataan Day; May 1, Labor Day; and June 12, Philippine Independence Day.

POLAND

Area - 120,644 square miles; population - about 32 million, approximately 96% ethnically homogeneous; government - peoples' republic in which the parliament (Sejm), elects the Council of State and Council of Ministers, the latter carrying out the principle executive functions. The United Workers' Party is the most influential political force.

During the last 20 years Poland changed from an agricultural country to an industrial-agricultural economy in which the proportion of urban population is 50%. While there has been a gradual improvement of the internal economic situation, the housing problem remains difficult. The country is divided into 22 large administrative areas (17 voivodships and 5 autonomous cities); voivodships are divided into districts. Especially during the last decade there has been a tendency towards decentralization and autonomy of local authorities.

Education is free and compulsory from ages 7 to 15. There are many vocational schools and 74 institutions of higher learning. Roman Catholicism is the prevalent religion.

A broad social security and insurance system provides free health care, disability and old age pensions, sickness and family allowances.

The size of the problem of mental retardation in Poland probably does not differ significantly from that in other European countries. The Ministry of Education (1965), based on data from registration of children of preschool age, estimated the proportion of children ineligible for normal school because of inadequate mental development as 1.4%. Another estimate obtained through a field survey of randomly selected areas (size of the sample equaling 85,000 children) showed a proportion of approximately 0.4% of the children with I.Q. below 50 in the age group 7 to 13. This would indicate a proportion of all grades of retardation as more than 2%.

The principles of the structure of services are the following:

Education programs for children in day and boarding schools are under the Ministry of Education's Division of Special Schools.

In the Ministry of Health and Social Welfare the Department of Prophylaxis and Treatment is responsible for diagnosis, medical and psychiatric treatment, primarily through its Division of Mental Health and to a lesser extent through the Division of Mother and Child Care. The problems of institutional care are dealt with by the Department of Social Welfare and matters of vocational placement by the Department of Rehabilitation of Invalids.

During the last years significant progress in the field of mental retardation has taken place and is reflected in the development of services during this period. It is reflected also in a rising awareness of the need for revaluation of the problem and of the principles of organization of services.

There is a big need for increase of services, for broadening their application (e.g. development of early detection and services for small children, development of community services for adolescents and adults, etc.) and for raising their level of functioning. Especially needed is coordination of different services in the field.

GOVERNMENTAL AGENCIES WITH PRIMARY RESPONSIBILITY FOR THE MENTALLY RETARDED

Ministries

Ministerstwo Zdrowia i Opieki Społecznej Miodowa 15, Warsaw	(Ministry of Health and Social Welfare)
Departament Profilaktyki i Lecznictwa	(Department of Prophylaxis and Treatment)
Wydział Chorób Układu Nerwowego	(Division of the Diseases of Nervous System)
Wydział Opieki nad Matką i Dzieckiem	(Division of Mother and Child Care)
Departament Pomocy Społecznej Miodowa 1, Warsaw	(Department of Social Welfare)
Departament Rehabilitacji Inwalidów Miodowa 1, Warsaw	(Department of Vocational Rehabilitation)
Ministerstwo Oświaty i Szkolnictwa Wyzszego Aleja I Armii, Warsaw	(Ministry of Education and Higher Schools)
Wydział Szkół Specjalnych	(Division of Special Schools)

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Komitet Pomocy Dzieciom Specjalnej Troski przy Towarzystwie Przyjaciół Dzieci (TPD)	(Committee for Help to Special Care Children at the Association of Friends of Children)
Mrs. Ewa Garlicka ul. Jasna 26 Warsaw	(Chairman of the Committee)

In 1963 the Committee of Help to Special Care Children was organized as an autonomous body within the long established Association of Friends of Children (TPD); it includes both parents and professionals working in the field of mental retardation. During the following four years the Committee became a national organization and created many local chapters in voivodships and cities. The Committee initiated many measures aiming at development of services such as schools for moderately retarded, day centres, kindergartens, sheltered workshops, etc. Considerable progress was obtained in organizing summer camps for mentally retarded. The role of the organization in changing attitudes of the public and also on the part of professions should be emphasized.

Organizations which include concern for the mentally retarded

Semi-official:	Związek Spółdzielni Inwalidów ul. Gałczyńskiego 4, Warsaw	(Union of Invalids Cooperatives)
	Aleksander Futro	(President)

The invalids cooperatives are an integral part of the Polish cooperative movement. They are voluntary, self-governing bodies providing vocational rehabilitation and gainful employment for handicapped persons. Their economic activities form part of the national economic plan. Special economic privileges and financial provisions enable them to compete in the open market and to carry out their economic and social program. About 120,000 disabled are employed in the cooperatives which include many large factories along with specialized therapeutic (sheltered) workshops. On the nationwide scale the cooperatives are represented by the Union of Invalids Cooperatives.

Other:	Polskie Towarzystwo do Walki z Kalectwem Miodowa 1, Warsaw	(Polish League for Handicapped)
	Aleksander Hulek	(Secretary)

RESEARCH

Instytut Psychoneurologiczny Pruszków k., Warsaw	(Psychoneurological Institute)
Instytut Matki i Dziecka ul. Kasprzaka 17, Warsaw	(Institute of Mother and Child Care)
Zakład Badawczy Związku Spółzielni Inwalidów Gałezyńskiego 4, Warsaw	(Research Unit, Union of Invalids Cooperatives)
Państwowy Instytut Pedagogiki Specjalnej ul. Szczęśliwicka 40, Warsaw	(Institute of Special Pedagogy)

PUBLICATIONS

Journals

Materiały Informacyjno-Dydaktyczne Komitetu Pomocy Dzieciom Specjalnej Troski	(Bulletin of the Committee for the Special Children Care, published irregularly)
Neurologia i Neurochirurgia Polska	(Polish Neurology and Neurosurgery, published bimonthly)
Psychiatria Polska	(Polish Psychiatry, published bimonthly).
Szkoła Specjalna	(Special School, Quarterly)

Directory

Informator a zakładach leczniczych psychiatrycznych i neurologicznych, leczniczo-wychowawczych, wychowawczo-opiekuńczych.

Directory of psychiatric and neurological units, medico-educational and welfare institutions in Poland. Published by the Psychoneurological Institute in a limited number of copies; not for sale.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - All children from 0 to 14 years receive regular free health checks and prophylactic care (vaccinations, etc.). From 0 to 3 it is provided by the local mother and child centers. Health care of older children is the responsibility of the preschool and school physicians.

The mental health services, mostly through the mental health centres, provide both consultation to other physicians and direct treatment of mentally retarded The network of mental health centres is being developed rather quickly; there is, however, a marked shortage in pediatric neurologists and psychiatrists. The centres provide medical as well as psychological evaluation and therapy, including speech therapy and physiotherapy with the retarded. The number of mental health centres was 60 in 1955 and 282 by 1965. A few neuropsychiatric children's sanatoria admit mentally retarded for rehabilitation.

Special programmes for early detection of some metabolic errors have been introduced by the Institute for Mother and Child Care and during the last 4 years a screening of some 400,000 newborn babies for PKU has been performed. In 60 detected cases special diet treatment is being carried on under direct management of the Institute.

Selection of children for special class placement is made by a special committee following a year's classroom observation, thus the teacher plays a major role in this process.

Vocational training and employment - Mildly retarded mostly find employment on the open labour market. For the moderately and severely retarded some programs have been initiated during recent years for vocational training and work placement, mainly in sheltered workshops organized by the Union of Invalids Cooperatives. In some places pre-vocational training programs are provided by chapters of the TPD Committee for the mentally retarded.

Education - Poland has a long-standing tradition of special education. As early as 1922 the Institute of Special Pedagogy was founded in Warsaw to prepare teachers for all types of special education. The special school network for the retarded was limited to the "educable" level until the 1960s when, on the initiative of the parents' movement, there were organized some schools and classes for the moderately (and sometimes severely) retarded known as "schools of life". Since 1966 these schools and classes have been incorporated in the special school system of the Ministry of Education.

In 1967, 258 special schools cared for 42,862 mildly retarded pupils while 6,571 were in special classes located in the ordinary schools. In addition, 36 secondary vocational schools accommodated 5,426 mildly retarded pupils. There were 8 schools and 45 special classes for 1,239 moderately retarded children.

There continues a serious shortage of places in special schools (about 50% of mildly retarded are covered). In recent years there has been increased attention among educational authorities to the need for special education. In May 1966 the Ministry of Education issued a statute for special schools for the mentally retarded. It provided that pedagogical prognosis cannot be based on an IQ alone, but only on a thorough longitudinal examination. Yet there are still problems concerning programmes and methods of education, especially for the moderately retarded. Special kindergartens for mentally retarded children of pre-school age were introduced recently. There also has been increased attention to vocational preparation of mentally retarded pupils.

Medical services - In general, medical care of the retarded is incorporated into the general network of medical services. The care of infants and small children is carried out by pediatric services which are comprehensive and well organized. At the voivodship level the organization of health facilities for women and children belongs to the Mother and Child Centers administered by the Health and Social Welfare Sections of the Voivodship People's Councils. Attached to these Centers are the School Hygiene Dispensaries. Both call on the services of special consultants in the fields of pediatrics, gynecology, obstetrics and child surgery. At the district level the Mother and Child Inspectorates are part of the local Health and Welfare Sections. Preventive public health measures initiated in the post war years have brought a sharp decrease in maternal and infant mortality and a great improvement in the general physical development of children. Crêches and nurseries for children of working mothers are under the public health system and the number of children attending them and the kindergartens of the public school system is comparatively large. The system of mental health services providing consultation and treatment to children and adults in outpatient clinics is still limited primarily to the larger population centers.

Residential care - Institutions are run both by government and private organizations but the admission conditions are the same, and supervision is under the Department of Social Welfare.

There are separate institutions for children (from 3 to 18 years), for adults able to work and for adults unable to work; certain adult institutions also include chronic mentally ill. Institutions are rather small in size (mean - 80 places, range 35-150). They are characterized by rather high standards of physical care, are mostly located far from big cities and rather poorly staffed in professional personnel. There is a long waiting list. Serious problems are created by shortage of places in homes for adults. As the residents in the institutions for children grow up and the rate of discharge from the institutions is rather limited, they gradually are being transformed into homes for children and young adults. In 1967, 102 institutions for children provided 8,215 places; there were 9,300 adults in 84 institutions. In some of the institutions there are limited educational programmes and some vocational rehabilitation work is being carried out.

Financial assistance - All health services for children are supplied without charge; schooling is free. Within limits of their financial resources parents contribute to costs of residential care of minor children. Benefits under the social security system are particularly wide spread in the area of health services.

Recreation - The first programs initiated by the parents' groups were summer colonies for the moderately and severely retarded, and an increasing number are being provided every year as well as special programs for "school of life" children during the year. Less handicapped children participate in the many recreation programs organized throughout the country by TPD (Friends of Children).

Research - At the State Institute of Mother and Child Care and also at the Psychoneurological Institute significant epidemiological studies in mental retardation have been undertaken. The PKU screening and treatment program at the first named institute has resulted in considerable research related to similar efforts in other countries. At the Universities of Poznan and Warsaw social science research has been carried on dealing with the impact of mental retardation on families, and with the effect of physicians' attitudes towards this problem. Extensive research is undertaken in several of the large rehabilitation centers located in or near the major cities; while this has been primarily geared to physical rehabilitation it is of importance to multiply handicapped mentally retarded individuals. The Union of Invalids' Cooperatives has done significant research towards development of new techniques and appliances.

Personnel training - The problem of staffing in Poland as in many countries is of paramount importance. Although there are some 40,000 physicians in Poland, there is a very big need of training them in problems of mental retardation. There is a shortage of nurses for mental deficiency work. There is also a marked shortage of psychologists, highly qualified pedagogues and teachers as well as vocational instructors. Since 1965 Poland has started to train social workers (their functions were previously partly carried out by psychologists and nurses). Special education teachers must hold all the qualifications for teaching in ordinary schools and, in addition, follow a two-year course in the Institute of Special Pedagogy or in some of the existing Higher Schools of Pedagogy.

Planning - There are some encouraging signs of development. In 1965 the Minister of Health and Welfare created a commission for preparing a comprehensive plan of activities in the field of mental retardation. There is, however, a great need for coordination at the interministerial level in order to unite the efforts of various agencies and organizations.

Generally there are few community welfare units for the mentally retarded. Recently the TPD Committee for the mentally retarded and the Psychoneurological Institute has started day centres for more severely retarded children. There are also plans for opening day centres attached to some existing institutions located in the cities.

OTHER INFORMATION FOR VISITORS

Visits should be arranged through the Polish Travel Bureau "Orbis"
4, pl. Konstytucji
Warsaw

In planning a specialized program contact with agencies listed above will be of help.

The main school holiday periods are 25th June - 3rd September;
22nd December - 6th January.

ADDITIONAL INFORMATION FOR PAGES 2 and 3
(Voluntary Organizations)

Polish Group for the Scientific
Study of Mental Deficiency
Polskie Towarzystwo Walki z Kalactwem (Polish Society for Rehabilitation of the Disabled)
Plac 3 Krzyży 10
Warsaw

Established in 1969 as an autonomous section within the Polish Society for Rehabilitation of the Disabled. (See page 3 where the translation used is Polish League for the Handicapped; note correct address. The President is Professor Wiktor Dega, M.D.; Aleksander Hulek, Ph.D. is Secretary-General.

The Second Congress of the International Association for the Scientific Study of Mental Deficiency is being held in Warsaw, 25th August - 2nd September, 1970, co-sponsored by the Polish Society for Rehabilitation of the Disabled.

Chairman of the Polish Organizing Committee and of the Polish Group for the Scientific Study of Mental Deficiency is I. Wald, M.D., Secretary is J. Zaremba, M.D., both of the Psychoneurological Institute, Pruszków near Warsaw.

PORTUGAL

Area - 35,510 square miles; population - 9.5 million (these figures do not include Portugal's overseas provinces). The dominant religion is Roman Catholicism. Originally a monarchy, Portugal became a republic in 1910 and since 1933 has a unique system of government: a "corporate state," with the President being elected for a term of seven years by an Electoral College. He, in turn, appoints the Prime Minister. There are two legislative bodies, the first the National Assembly elected by direct vote of the heads of households (male or female); the other the Corporate Chamber consisting of representatives of various economic, administrative and cultural organizations. All government activities are highly centralized.

Agriculture, forestry and fishing have been mainstays of the economy, and for many years cork was the main industrial product. However, industrialization has made steady progress in recent years, and textiles and tourism are now of special importance.

Primary education is compulsory but there are still large pockets of illiteracy. Special education activities originally centered in the schools for the blind and for the deaf opened in the beginning of the past century, and were under the Ministry of Welfare.

Since 1933 Portugal has had a social and health insurance system that originally was developed for employees in industry and commerce only. However, certain medical benefits have also accrued to workers in agriculture, fishing, etc. Family allowances were introduced in 1942.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministério da Saúde e Assistência (Ministry of Health and Welfare)
Praça do Comércio
Lisbon

Direcção Geral de Assistencia (Department of Welfare)
Largo do Rato
Lisbon
Professor Lopes do Rêgo, Chefe dos Serviços Tecnicos de Educação des Deficientes (Director of the Special Technical Services for the Mentally Handicapped)

Ministerio de Educação Nacional (Ministry of National Education)
Campos dos Mártires da Pátria
Lisbon

Direcção do Ensino Primário (Department of Primary Education)

Instituto António Aurélio da Costa Ferreira
Tr. das Terras Sant 'Anna 15
Lisbon

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

Citizen and professional -

Associação de Pais e Amigos das Crianças Diminuidas Mentais
(Association of Parents and Friends of Mentally Retarded Children)
Largo da Ajuda 18
Lisbon

(The Association was begun in 1962 by a group of mothers of children with mongolism. It was accepted in 1964 as a member of the International League of Societies for the Mentally Handicapped.)

Other organizations which include services to the mentally retarded

Instituto de Assistência Psiquiatrica

Instituto de Assistência aos Menores

Santa Casa da Misericordia de Lisboa

RESEARCH

Instituto António Aurélio da Costa Ferreira
Tr, das Terras da Sant 'Anna 15
Lisbon

Associação de Pais e Amigos das Crianças Diminuidas Mentais
Largo da Ajuda 18
Lisbon

PUBLICATIONS

"A Criança Portugesa" ("For the Portugese Child")
(Annual publication since 1941 of the Instituto Antonio Aurelio da Costa Ferreira which deals with medical, psychological and educational problems of all types of handicapped children, especially those with neuromuscular disabilities, cerebral lesions, epilepsy or mental deficiency; some volumes are dedicated to services and problems in other countries.)

"Boletin"
(Bulletin - and special publications of the Associação de Pais e Amigos)

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents -
There is no legal obligation to report cases of handicap nor any specific casefinding system. The Instituto António Aurélio da

Costa Ferreira serves as an observation, diagnostic and consultation center to which children are brought by their families, or sent by school, public assistance services, child welfare, pediatric and psychiatric clinics, etc. The Associação de Pais e Amigos das Crianças Diminuidas Mentais also provides multidisiplinary evaluation and consultation, particularly for parents of moderately and severely retarded children.

Education - of handicapped children in general has been under the jurisdiction of the Ministry of Social Welfare with the exception of the mentally retarded who, if considered educable, are the responsibility of the Ministry of Education. There are about 100 special classes for mildly retarded children in Lisbon and other large cities, dependent for technical guidance on the Instituto António Aurélio da Costa Ferreira. The Instituto da Costa Ferreira has a boarding school. It also supervises two "re-education" boarding schools in Lisbon, the Instituto Aldolfo Coelho for boys and the Instituto Condressa de Rilvas for girls, where more handicapped children (I.Q. 40-60) are educated. Since 1965 the Centro de Reeducação e Assistência a Criança Mongoloide (a day school) has been supported by the Association of Parents and Friends.

Schools in areas without special classes attempt to provide smaller classes and special instruction for retarded children (some multi-handicapped are to be found in residential schools for the blind, deaf, or physically handicapped). Special education is based on the principles of Decroly, Montessori, Descoudres, etc.

Work training and employment - Special classes do not provide vocational training, but the re-education schools emphasize practical training, seek employment opportunities for their pupils, and remain in contact with them. The parents association hopes to establish a sheltered workshop.

Medical care - Specialized medical care has traditionally been considered primarily the responsibility of psychiatry and endocrinology.

Personnel training - One year courses for teachers of the mentally handicapped are held by the Instituto António Aurélio da Costa Ferreira for a limited number of participants who have primary teacher qualifications or a university degree. This diploma is necessary for teachers of special classes in the ordinary schools. No training is necessary for supervisors (child care workers) in residential schools and homes.

OTHER INFORMATION FOR VISITORS

Information can be requested from:

Instituto António Aurélio da
Costa Ferreira
Tr. das Terras de Sant 'Anna 15, Lisbon

Associação de Pais e Amigos
das Crianças Diminuidas Mentais
Largo da Ajuda 18, Lisbon

School holidays: July 15-October 1; two weeks for Christmas and Easter.

RHODESIA

Area: 150,820 square miles; population: 4.46 million of which about 224,000 are of European descent; there are smaller groups of Asian ancestry and of people of mixed parentage; government: formerly British self-governing colony which declared its indpeendence in November 1965. Britain has refused recognition unless the white dominated government broadens voting rights to include eventually its vast majority of Africans.

The country is rich in mineral wealth: farming among African groups is moving fast from a subsistence to a commercially productive level; light and heavy industries are well established. 14% of the African population is now urban; there are 350,000 of all races living in the capital city of Salisbury. The main languages are English, Shona and Sindebele.

Enrollment of African children in primary school is extensive, but at present there is only a limited enrollment at secondary level; approximately half the student body at the University of Rhodesia is African. The number of children receiving special education is slightly more than 0.1% of all those in school. Education services are provided on a segregated basis until college level as between Africans and non-Africans. Health and welfare services follow a similar pattern, with some facilities open to people of all races.

GOVERNMENTAL AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Ministries

The Ministry of Health Services
Salisbury
(Responsible for care of the severely and profoundly retarded)

The Ministry of Education
Salisbury
(Responsible for special education for the mildly retarded)

The Ministry of Labour, Social Welfare and Housing
Salisbury
(As yet carries no major program responsibility)

Planning for the mildly retarded is the function of the Ministry of Education. The Hopelands Trust (see below) acts as a coordinating body in programming for the moderately retarded non-African children and young people.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

The Hopelands Trust
P.O. Box 8392
Causeway
Salisbury

The Trust is a national organization which is devoted to the care and training of moderately retarded children, adolescents and young adults. Originally established in 1957 by a group of parents concerned because there was no place in the school system for their retarded children, it is now in receipt of government subsidies which cover about 20% of the program cost. The Trust maintains four centres providing residential and day services for 160 children and adults. The Trust has ten local branches with approximately 800 members, and raises a third of its budget through public appeals. It holds membership in the International League of Societies for the Mentally Handicapped.

The Salisbury Society for the Care of African Mentally Handicapped
c/o The Secretary
P/Bag 6622, Kopje, Salisbury (founded in 1963)

With the migration of African families from the rural areas to the cities, the problems of retardation are beginning to arouse considerable concern; the first day care center has been opened in Salisbury, with the Hopelands Trust acting as the advisory body.

Including mental retardation

Jairos Jiri Rehabilitation Centre, Bulawayo

The first voluntary organization to be started by an African was established originally for the physically handicapped. It now includes every kind of handicap and has become a vast enterprise concerned with the production and sale of traditional crafts made by the handicapped of all ages, and with schooling, agricultural training and rehabilitation services for disabled Africans in Bulawayo and three other centres.

RESEARCH

See BRIEF DESCRIPTIVE NOTES

PUBLICATIONS

A country with a limited professional population tends not to publish its own journals but to contribute to those of repute in other parts of the world.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, consultation to parents - Professional help for parents and teachers is available from consultants in all fields attached to the Ministries of Health, Education and Social Welfare.

Education - The Ministry of Education is responsible for the establishment, staffing and maintenance of special classes for the mildly retarded with an I.Q. range of approximately 50 to 70. Placement is the responsibility of the educational psychologist in cooperation with parents and teachers. Special classes are available in all town schools at both primary and secondary levels.

Glengarry School, Gwelo, Midlands (Headmaster in charge)
A boarding school for mildly retarded children, designed and equipped for the education of those whose homes are in widely scattered rural areas and for children who for domestic or other reasons are unable to attend a local special class.

The Correspondence School, Salisbury (Headmistress in charge)
A program which meets the needs of homebound children whose training and instruction in the home become the responsibility of the parent or other suitable adult. Personal contact is maintained through correspondence with both child and parent. Radio and television programs are presented through the "school of the air" which brings teacher and pupil into closer relationship. Other countries in Africa also make use of the services provided by Rhodesia's Correspondence School.

King George 6th Memorial School, Kumalo, Bulawayo
Designed originally for physically handicapped children of all ages, but some of the miltiple-handicapped pupils often have some degree of mental retardation. A team of professional consultants conducts weekly clinics, and speech therapists, physiotherapists and occupational therapists cooperate with the teaching staff in the planning of the children's programs.

St. Giles Rehabilitation Centre, Salisbury
Similar in function to the above, but with a highly developed rehabilitation program for children and adults. Both these institutions were established by voluntary organizations, but the Ministry of Education then became responsible for the school system, while other services in the same building are still handled by appropriate agencies and voluntary workers.

The Hopelands Trust maintains the following education programs:

Sir Humphrey Gibbs Training Centre, Kumalo, Bulawayo
Boys and girls are admitted from the age of three years; the majority live at home and are transported daily in the Centre's bus; a family cottage unit provides boarding care for twenty residents of all ages. At puberty, boys move to a rural center, through lack of accommodation. Girls remain until they are old enough to join the village community for young adults in Salisbury.

St. Catherine's, Salisbury
A similar centre, except that the majority of children are boarders. Both these centres offer intensive training programs in personal and social skills, leading to productive activity which enables many of the older girls to contribute to their own maintenance.

Work training and employment - The development of work skills and the provision of sheltered workshops is an integral part of the function of the Hopelands Trust. Employment opportunities are not easily available for retarded persons in a country which has a vast indigenous population seeking employment.

The Trust maintains (in addition to the work training for older girls at the two above mentioned centers)

Montgomery Heights, Umvukwes
A farm to which boys are transferred at adolescence; they learn a variety of farming and industrial skills, contribute in many ways to this rural community and become self supporting to some slight degree in this sheltered environment.

Homefield Farm, Salisbury
The first stage of a village community for young adults, most of whom have attended the other centres as children or adolescents. It is anticipated that this will develop into a permanent home for these residents as they grow older. It is near enough to the city for contact to be maintained with a number of social and recreational organizations; the sale of farm produce, commercial and industrial products gives meaning to their activities and enables them to achieve varying degrees of independence.

The following programs should also be mentioned:

The St. Giles Rehabilitation Centre, Salisbury (see above)

The Sheltered Employment Project, Salisbury
Initiated jointly by Hopelands Trust and St. Giles Centre, with support from commerce and industry for the useful and productive employment of trainees from both organizations, who are able to work outside the centres in which they live.

The Jairos Jiri Rehabilitation Centre, Bulawayo (see above)

Medical care - Government medical and dental inspections are conducted for all retarded children enrolled in special classes or in the Hopelands centres. Also, teams of medical consultants hold regular clinical sessions. Government hospitals provide medical, psychiatric and nursing care.

Residential services - Residential facilities for mildly retarded children from rural areas are provided in government hostels attached to schools. Residential care for moderately retarded chidren and young adults is available in the Hopelands centres on a daily, weekly or permanent basis. Short stay periods are encouraged so that children may enjoy the experience of being away from home and parents may enjoy some temporary relief from the demands of constant supervision. Residential care for the severely and profoundly retarded of all races is limited by the fact that there is only one government institution to which they may be admitted.

St Francis Home, Bulawayo (Mother superior in charge)
Children are admitted at birth or later as circumstances demand; they are given care, training and treatment by the Franciscan sisters who staff the home. At puberty they are transferred to:

Ingutscheni Hospital, Bulawayo (Superintendent in charge)
This government mental hospital offers care, treatment, medication and occupational therapy for adolescents and men and women of all races, African, Asian, Colored (of mixed parentage) and Europeans. Facilities are provided for all types of mental disability as well as for the severely retarded.

Financial assistance - Children in special classes receive training, tuition and when appropriate, accommodation, on the same fee basis as the ordinary school-going child. Fees are remitted when the parents' situation indicates their inability to pay.

The Hopelands facilities receive a small government subsidy for each moderately retarded child or adolescent. At eighteen years of age, each resident who is unable to be employed in the outside world because of his handicap, receives a monthly grant from the Social Welfare Department which meets part of the centre's fee schedule. The major part of the cost of care and training has to be met through fund-raising activities and donations, but no child has ever been refused admission to one of the centres through inability to pay the necessary fee. Severely retarded children and adults pay only a nominal fee for the care they receive in the government institution. Parents who wish to keep a severely retarded individual over 18 years of age at home receive the same monthly grant from social welfare as for the moderately retarded. There is no social insurance system.

At present there is no income tax relief for a family which has a retarded member; legislation similar to that applicable to a blind person has frequently been requested by the Hopelands Trust.

Recreation - All schools and centers have recreation programs in which the general public is involved. This may range from letter-writing by visiting school girls, games and square dancing by youth groups, friendly social calls by individuals, to trips and expeditions arranged by service clubs and entertainments by professional groups. Camping and holiday tours for adolescent residents are part of their normal program every year.

Research - The University College of Rhodesia, Salisbury, and the Teachers Training College, Hillside, Bulawayo, conduct research on various aspects of child development, detribalization, learning problems of an indigenous people, creativity, etc., in which various aspects of retardation may be included.

The Sir Humphrey Gibbs Training Center, Bulawayo, is particularly interested in research into training programs for very young handicapped children and in projects linked with the socialization of the older retarded child.

The Research group of the Rhodesia Teachers Association has been involved in a considerable amount of research into the reading problems of children in special classes and, in particular, the provision of appropriate material linked with the interests of their age group. Research of this type tends to occur only from time to time as there are so many problems awaiting solution in so many areas in a very young country.

Personnel training - The Ministry of Education is responsible for the training of teachers, the planning of vacation courses and in-service programs for teachers of retarded children who are mildly handicapped.

Owing to a serious shortage of qualified staff for programs for the more handicapped, in-service training is the most general form. Visits from experts from other parts of the world are used for short informal courses. The possibility is being discussed of introducing a professional training under the auspices of a recognized college or institution.

Planning - There is no officially coordinated planning; interested doctors are concerned in prevention, architects involved in the Hopelands building projects with creative design proposals, and parents and similar citizen action groups in legislation.

OTHER INFORMATION FOR VISITORS

Further information is available and visits may be arranged for individuals or groups at any time through:

The Secretary for Education,
Ministry of Education,
Salisbury

The Trust Manager,
Hopelands Trust
P.O. Box 8392, Causeway
Salisbury

The Director,
St. Giles Rehabilitation Center
Salisbury

Informal visits would readily be arranged in response to a telephone call to any of the institutions mentioned in this questionnaire -- number immediately available in the local telephone directory.

School holidays in Rhodesia

Mid-April to Mid-May
Last week August to last week September
Mid-December to last week of January

School hours approximately

8 a.m. to 1 p.m., Monday to Friday

St. Giles Rehabilitation Center	(School hours approximately 8:30 - 4 p.m. Monday to Friday)
King George 6th Memorial Center	
Sir Humphrey Gibbs Center	
St. Catherine's	

The school calendar is followed for day children but at the Hopelands centres school age boarders may remain throughout the holidays at the wish of their parents. The adolescent and adult centers are open throughout the year.

Ingutscheni Hospital and the St. Francis Home are also open throughout the year.

SINGAPORE

Singapore is a small island with an area of 224.5 square miles, lying south of Malaysia with a population of two million, approximately 75 percent Chinese, 15 percent Malay and 10 percent Indian, Pakistani, Ceylonese and others. Long a British Crown Colony, Singapore became internally self-governing in 1959 and for two years was a part of the Federation of Malaysia, becoming an independent republic in 1965. It has a President, Prime Minister and unicameral Parliament.

Singapore is the world's fourth largest port and the largest in Southeast Asia, the economy depending heavily on entrepôt trade, processing, packing, and transshipment of raw materials of the region to world markets and distribution of manufactured products from industrialized countries. Other important industries are ship building and tourism.

The new state is conducting a vigorous campaign for industrialization, employment, housing and family planning. Health standards are high and the average life expectancy is 62 years. One-half of the population is under 22 years of age.

Six years of primary education are free but not compulsory. Primary and secondary students constitute 25 percent of Singapore's entire population. Malay is the national language but Chinese, English and Tamil are also official languages; English is the language of administration and is widely used in professional and business circles and schools.

Until 1960 there were no programs for the mentally retarded in the community. A limited number received care in the mental hospital and the children's ward of the general hospital kept a record of the mentally retarded children. With the assistance of the Rotary Club and Singapore Children's Society, a small class for moderately retarded children was established. This resulted in the founding in 1962 of the Singapore Association for Retarded Children which has taken leadership in providing services.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministry of Health

Mental Deficiency Ward
Woodbridge Hospital
Singapore 19.

Paediatric Unit
Outram Road General Hospital
Outram Road
Singapore 3.

Maternal and Child Health Section
Institute of Health
Outram Road
Singapore 3.

School Health Clinic
Institute of Health
Outram Road
Singapore 3.

Ministry of Social Welfare
Rehabilitation Unit
11 Fort Canning Road
Singapore 6.

Ministry of Education - (has not yet taken direct responsibility but has granted land for the new Centre at Margaret Drive).
Kay Siang Road
Singapore 10.

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

Citizen and Professional:

Singapore Association for Retarded Children
169 Sims Avenue,
Singapore 14.

(Founded in 1962, the Association is a member of the International League of Societies for the Mentally Handicapped.)

Other organizations which include services to the mentally retarded

Committee of Education of Handicapped Children
Singapore Council of Social Service
7-H, Asia Insurance Building,
Finlayson Green,
Singapore 1.

Spastic Children Association of Singapore
25 Gilstead Road,
Singapore 11.

Singapore Association for the Blind
51 Toa Payoh Rise,
Singapore 12.

Singapore Paediatrics Society
c/o Medical Alumni Centre,
College Road,
Singapore 3.

RESEARCH

The Singapore Association for Retarded Children has stimulated and assisted in research projects carried on under university auspices, specifically in the Paediatric Unit of the General Hospital.

PUBLICATIONS

The Journal of the Singapore Paediatrics Society has published articles on mental retardation, e.g. on chromosome studies.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - There is no inintensive case finding program, referrals coming usually through teachers, general practitioners and parents. In addition to the records kept by the Paediatric Unit of the General Hospital, the Singapore Association for Retarded Children maintains a registry of nearly 2,000 children. Paediatricians and psychologists provide diagnosis and assessment; however, there is a long waiting list of children to be seen. Consultation to parents is provided by the Association through its professionally trained social worker, although language difficulties, existing traditional beliefs, level of literacy and need for additional staff have limited this program. As the work of the Association has become better known, more parents are willing to participate and work actively for their children. Frequent meetings are held with parents and the teaching staff of the Association's training centres.

Education - As yet there are no special education programs for mentally retarded children in the primary schools. The Singapore Association can only provide for about 20 percent of the children on its register in the four training centres:

Chin Pu Centre
201 Pasir Panjang Road
Singapore 5.
(105 children attend this centre)

Chin Pu Centre, Geylang
169 Sims Avenue
Singapore 14.
(43 children attend full-time and 10 children attend part-time)

Chin Pu Centre, Outram Road
Y.W.C.A. Building
Singapore 3.
(48 children attend this centre)

Chin Pu Centre, Jurong Christian Church
Taman Jurong
Singapore 22.
(13 children attend this centre)

Work training and employment - The Centre's aim is to develop each child's potential and the curriculum is as practical as possible.

Day Care Group's program - self help and socialization
Trainable Group's program - basic number, reading and writing, use of money, etc.

As present employment prospects for the normal are bleak, emphasis in training is to help the children fit into their home environment through instruction in cooking, sewing, gardening, housework, music, dancing and handwork.

Independence training (only in Geylang Centre) is provided fortnightly for the older children who stay after school to make bus trips to their own homes and to places of interest in the neighbourhood.

Medical services - On the Singapore Association's register there are 2,000 children and the medical facilities for them are as follows:

> Any child with minor ailments like cough or fever or requiring immunization can be seen at infant welfare clinics and outdoor dispensaries, of which there are about 35 scattered over the island. The immunization and treatment offered at these centres are all free.
>
> Retarded children with illnesses like bronchopneumonia, congenital heart disease, gastroenteritis, bronchitis and recurrent convulsions are treated at the Paediatric Unit of the General Hospital in Singapore, which has a bed space of 282 beds and is the main children's hospital serving the whole island. The other children's hospital, St. Andrew's, has a bed space of 60 beds.
>
> All X rays, EEG's, ECG's, special investigations, etc. are done for mentally defective children, free of charge, at the Paediatric Unit, General Hospital.

There are many practitioners scattered over the island where medical attention can be obtained if parents are able to afford the fees.

A main problem is in providing medical care for the low-grade mentally retarded child who is entirely dependent on relatives for feeding and nursing care, and such children often suffer from severe malnutrition, scurvy and vitamin deficiencies.

Residential care - For the very severely and profoundly retarded there are only 49 beds available at the Woodbridge Hospital (for Mental Diseases) which has a waiting list of 346 cases.

In January 1969, the Association established a home at Tampines Road (Singapore 18) to provide nursing care and training. In the next four months 25 very severely retarded children and adults have been admitted. Unfortunately, this represents only a very small proportion of those on waiting lists; there is urgent need for an institution to care for such children and for personnel with training in specialized nursing care.

Financial assistance - (Social Worker's Fund) At the end of 1968, $600 per year was allotted by the Association to meet the immediate material needs of the children who come from poor families and who are attending the various centres. The Ministry of Social Affairs has provided funds for teachers' salaries.

Recreational activities - Those attending centres go on excursions, parties and picnics. Those who have left school meet fortnightly for games, dancing, or excursions. Weekend camps for some of the children are organized once a year.

Research - University affiliated research is being carried out under the direction of Dr. Freda M. Paul, Paediatrics Unit, General Hospital, in the following areas:

Statistical: on the incidence, prevalence, age distribution, and sources of referral and diagnosis.

Biochemical: on the incidence of biochemical disorders like PKU (Using routine paper chromatography, no single case of phenylketonuria has yet been found, although generalized aminoaciduria is encountered to the extent of 6 percent).

Chromosomal: with blood cultures for chromosomes most of the commonly encountered abnormalities, e.g. 13-15 trisomy, 17-18 trisomy, cri-du-chat syndrome, etc. have been encountered.

Neurological: routine EEG's are done on all cases of convulsions to study the incidence of epilepsy and related disorders.

Hormonal investigations: e.g. P.B.I. levels in cretinism.

Genetic studies: identification of hereditary conditions, particularly autosomal recessive, for purpose of genetic counselling.

Of the cases studied, 41.9 percent do not fall into any special category.

Personnel training - There is no formal course for training of special teachers and at the present time only one of the teachers who has been employed in the Association's centres has had special training overseas. In-service courses for the staff and also seminars for the Association members, staff and the general public have been held. Visits by professionals from other countries are utilized.

Planning - The Association, through its parent and professional members, works in close cooperation with other voluntary social agencies and is pressing for legislation to establish education services in the public schools.

At present support from the government is limited and the Association depends upon fund raising. A new comprehensive centre and headquarters is soon to be opened ("Lee Kong Chian Centre" at Margaret Drive), an outstandingly designed, multipurpose facility.

OTHER INFORMATION FOR VISITORS

Assistance in planning visits can be requested from:

The Council of Social Service
7-H, Asia Insurance Building,
Finlayson Green,
Singapore 1.

or the Singapore Association for Retarded Children.

School holidays occur from the middle to end of April (2 weeks); the last three weeks of August; the end of November to the beginning of January (6 weeks).

SUPPLEMENTARY INFORMATION

Address change (November 1969):

Singapore Association for Retarded Children
Lee Kong Chian Centre and Headquarters
844 Margaret Drive
Singapore 3

SOUTH AFRICA

The Republic of South Africa has an area of 472,000 square miles and a population of 20 million. Head of the government is the State President, but the office of the Prime Minister is the center of power. There is a bi-cameral Parliament (white), and each of the four Provinces (until 1910 British Colonies) has a unicameral legislature known as the Provincial Council. Pretoria is the capital and Johannesburg (both in the Transvaal) the largest city with a metropolitan population of over two million. Cape Town, the second largest city, is the seat of Parliament and legislative capital.

The population is divided into 13 million Bantu, 3-1/2 million white, 1,900,000 colored (mixed), and 600,000 Asians. There is considerable repression by the white minority of the native population whose political activities have been extremely restricted, and a policy of strict segregation is followed.*

Primary education is free but compulsory only for white children over 7 years of age. There are 16 universities, including 11 for white students. Official languages are Afrikaans and English. The economy rests with the country's vast mineral resources, pastoral and agricultural products, and a fast growing industry.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Department of Health
Private Bag 88
Pretoria

Department of Social Welfare and Pensions
Private Bag
Pretoria

Department of Labor
Private Bag 117
Pretoria

Transvaal Education Department
Private Bag 76
Pretoria

Natal Education Department
Private Bag 9044
Pietermaritzburg

Orange Free State Department of Education
P.O. Box 521
Bloemfontein

Department of Education of the Cape of Good Hope
P.O. Box 13
Cape Town

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*The information supplied from South Africa for this Directory would seem to apply to white children only.

National planning and coordination - National planning and coordination is at present being undertaken by the National Division for the Mentally Handicapped of the South African National Council for Mental Health, which is a private organization. This body has until the presnt time only been responsible for its own constituent branches in the country, but may be expanded to include all organizations rendering services to the mentally handicapped.

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

National Division for the Mentally Handicapped
c/o South African National Council for Mental Health
P.O. Box 2587
Johannesburg

Transvaal Association of Parents and Friends of the
Mentally Handicapped
P.O. Box 33229, Jeppestown
Johannesburg

The Association was founded in 1970 and is affiliated with the International League of Societies of the Mentally Handicapped. Its largest member society is the Society for the Jewish Handicapped (P.O. Box 9764, Johannesburg) which serves mentally retarded children and adults also from other provinces. Among the over 30 private organizations providing day or residential services, a considerable number have parent-sponsored association backing, and formation of a national association is envisioned.

Others which include mental retardation in their program

South African National Council for the Care of Cripples
P.O. Box 10173
Johannesburg

South African National Council for Child Welfare
P.O. Box 8539
Johannesburg

South African National Council for the Blind
P.O. Box 1343
Pretoria

South African Association of Occupational Therapists
274, Pomona Street, Muckleneuk
Pretoria

Psychological Institute of the Republic of South Africa
Private Bag 122
Pretoria

South African Psychological Association
P.O. Box 10319
Johannesburg

Algemene Kommissie vir die Diens van Barmhartigheid
(General Commission for Services of Mercy of the Dutch Reformed Church)
P.O. Box 295
Pretoria

Transvaal Jewish Welfare Council
114, Juliana Building
Commissioner Street
Johannesburg

RESEARCH

Central governmental research institute which includes mental retardation in its program:

Human Sciences Research Council
c/o Department of Higher Education
Private Bag 41
Pretoria

Private organizations with a major interest in research in mental retardation (see above for addresses):

South African National Council for Mental Health
Psychological Institute of the Republic of South Africa
South African Psychological Association
National Institute for Personnel Research

PUBLICATIONS

Professional journals which most frequently publish articles on mental retardation:

South African Medical Journal
Medical Association of South Africa
P.O. Box 643
Capetown

South African Journal of Occupational Therapy
South African Association of Occupational Therapists
274, Pomona Street, Muckleneuk
Pretoria

Psychologia Africana
National Institute for Personnel Research
P.O. Box 10319
Johannesburg

Rehabilitation in South Africa
Department of Labor
Private Bag 117
Pretoria

Social Work
P.O. Box 223
Stellenbosch

Directory of services for the mentally retarded:

Mental Health Facilities in the Republic of South Africa
South African National Council for Mental Health
P.O. Box 2587
Johannesburg (Price - 50¢)

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - Visits by trained public health visitors are undertaken soon after a birth has been reported to the local authorities. The public health visitors are trained to diagnose some forms of mental retardation and are capable of providing parents with advice.

The finding and diagnosis in older children is usually done by the family medical practitioner who refers the parent either to the local office of the Department of Social Welfare and Pensions, a mental health society, or an institution for mentally retarded children for further attention by a social worker who will arrange placement if necessary.

Education - Compulsory education is presently limited to children who are considered to be educable. As a criterion an arbitrary IQ level of 50 has been set. Training of those considered "ineducable" is at present solely undertaken by private organizations, either in residential institutions or day care centers, some of which are state subsidized. Although subsidy formulae are inadequate for these services, steps are being taken by the Department of Social Welfare and Pensions to introduce realistic subsidy schemes.

Work-training and employment - Work training and employment is undertaken by the Department of Labor in its rehabilitation centers and sheltered employment workshops in respect to the mentally handicapped with a productivity potential of at least 50%. Those falling below this level have to be catered for by private workshops and farms, of which there are but a handful in the country.

Medical care - Medical care is available to residential institutions through regular visits by honorary medical practitioners or district surgeons. Free medical care is available to the indigent from district surgeons or at provincial hospitals.

Residential care - State residential care in respect to the mentally handicapped is undertaken at four government institutions established for this purpose. At these institutions care is mainly custodial, however, there being little or no training.

There are a number of private residential institutions, many of which include speech training, social training, physiotherapy, occupational therapy and work training in their services.

Financial assistance - The cost of maintaining a child in a residential home or at a day care center is met by the parents or, if they are unable to meet the costs, by the home itself. The Department of Health pays a grant in respect to persons who have been certified into the care of the particular home by a magistrate, and a nominal amount in respect to children attending some day care centers, based on attendance.

At some institutions the salaries of teaching staff are subsidised by the Provincial Education Departments. It is anticipated, however, that services for the mentally handicapped will be placed on the same subsidy basis as services for the physically handicapped, which will mean a 100% subsidy on the buildings of residential institutions and a 90% subsidy on equipment.

Recreation - Organized recreation in the form of dancing, music, swimming, parties and games is available to children in residential homes.

Research - In 1967 the report of a comprehensive study into the care of mentally deficient persons was made by a State Committee of Inquiry and implementation of the various recommendations made is being undertaken.

Personnel training - In cooperation with the Department of Social Welfare and Pensions, the Department of Higher Education has introduced a three year course for personnel attached to children's institutions. There is no specialized course in the case of mentally handicapped persons, although professionals like social workers, speech therapists, occupational therapists, teachers in remedial education and health visitors are specially trained to care for this type of person.

Planning - As more and more mentally handicapped children are born, owing to advancement in medical technology, more attention will have to be given to the planning of preventive measures particularly in the education of the public regarding contraception, sterilization, and the correct feeding of infants.

Pressure has been brought to bear on the government in connection with a better deal for the mentally handicapped and legislation to extend compulsory education of children hitherto regarded as ineducable is anticipated, as well as more favorable subsidy schemes for residential homes and training centers.

Steps will be taken in collaboration with the Department of Social Welfare and Pensions to formulate minimum standards to which architectural designs of homes, workshops and training centers for the mentally handicapped will have to conform in order to qualify for a subsidy.

OTHER INFORMATION FOR VISITORS

The Department of Tourism, Private Bag 252, Pretoria, will assist in arranging programs for professional visitors or groups of visitors from abroad.

School holidays - are usually during the following months:

December and first half of January
First half of April
July
First half of October

SPAIN

Area - 194,883 square miles; population - 32.4 million. Spain is a peninsula with a high arid plateau in the interior cut by mountain ranges which traverse it from East to West. The coastal plains are mostly narrow; the climate differs sharply from the hot dry south to the northern shores which are much cooler and have far more rainfall.

Spain is officially a monarchy, with a recognized heir to the throne, but full executive power rests in the Chief of State, Generalissimo Franco, aided by the Cabinet, the Council of Ministers. Delegates to The Cortes, a unicameral Parliament, represent the syndicates of the National Movement plus two delegates elected from each of Spain's 52 Provinces.

Only 40% of the land can be cultivated and wheat, barley, rye, oats, many types of fruit as well as flax and hemp are main products. Once a predominately agricultural country, Spain has been undergoing a period of rapid industrialization during the past two decades with a corresponding rise in the per capita income. Textiles, foodstuffs, minerals and wine are main export items.

Roman Catholicism as the official State Religion exercises a very powerful influence on all matters affecting the national life. Castilian is the language of two-thirds of the population; in the north Catalan, Galician, and Basque are spoken also.

Spain has a comprehensive social insurance system covering old age, invalidity and death, health, work injury and unemployment, and providing family allowances. Under the 1966 Social Security Law these programs apply to all workers in industry and commerce and their dependents, and cover some 20 million of the population.

Illiteracy, until recently as high as 35% in the southern provinces, is rapidly decreasing, while long-existing laws on compulsory schooling are increasingly put into practice. Official recognition of the educational needs of the mentally retarded goes back to 1923 when the first national institute for the subnormal was opened in Madrid. In recent years special education in general and for the mentally retarded specifically has seen a rapid development under the leadership of the Office of Special Education in the Department of Primary Education and the National Board (Patronato) of Special Education.

Citizen interest in the problem of mental retardation has been spearheaded by the Federation of Associations for Protection of the Subnormal and by national conferences, "Jornados Técnicas de Estudio sobre el Problema de los Niños Subnormales," convened in 1963, in 1967 and 1969 by the semi-official Congress of Spanish Families and the National Delegation of Associations.

In Spain, as in many other countries, the structure of government as a whole and of specific governmental organs is the result of the interplay of historical, political and cultural religious factors, resulting in a rather involved distribution of function. Increasingly in the last years general and categorical programs have been expanded to include services for the mentally retarded; for example, social security provisions have provided increased financial assistance through new regulations promulgated in 1968 and 1970.

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministerio de la Governación
Ministry of Interior
Amador de los Ríos, 5
Madrid - 4

Dirección General de Sanidad
Department of Health
Plaza de España ,17
Madrid

Officina de Despacho y Coordinación
Bureau of Coordination

Gabinete de Estudios y Planes Sanitarios
Health Studies and Planning Unit

Servicio de Coordinación Hospitalaria
Hospital Coordination Service

Patronato Nacional de Asistencia Psyquiátrica (P.A.N.A.P.)
National Board of Psychiatric Assistance
Bravo Murillo, 4
Madrid - 3
Secretario General ; Dr. Adolfo Serigó Segarra

Responsible for mental hospitals and a number of specialized residential centers for subnormal children, as well as a diagnostic and therapeutic center for handicapped children in each province; carries out training courses for auxiliary personnel and holds annual seminars on child psychiatry; plans and coordinates health assistance for the mentally retarded, including provision of subsidies to families of children in private residential and day training centers.

Dirección General de Politica Interior y Asistencia Social
Department of Interior Policies and Social Assistance
Amador de los Ríos, 7
Madrid - 4

Servicio de Planificación
Planning Service
Gregorio Rubio Nombela, Jefe

The concern of the Ministry of Interior is primarily with mentally retarded having an intelligence level below 50 I.Q. and those in need of residential care.

Ministerio de Educación y Ciencia
Ministry of Education and Science
Alcalá, 34
Madrid - 14

Dirección General de Enseñanza Primaria
Department of Primary Education

Responsible for establishing and carrying out programs for vocational training.

Inspección Medico Escolar
School Health Inpection
San Bernardo, 49
Madrid - 8

Responsible for supervision of mental and physical health of school children.

Patronato Nacional de Educación Especial
Secretario General y Jefe de la Oficina
Técnica; Félix López Gete

National Board for Special Education
Secretary General and Chief of the
Technical Bureau

Responsible for promotion and coordination of special education programs; study of needs and planning organization and programs specialized teacher training.

Ministerio de Trabajo
Neuves Ministerios
Madrid

Ministry of Labor

Dirección General de Promoción Social
Agustin Bethancourt, 12
Madrid 3

Department of Social Advancement

División de Técnicas Especiales
Breton de los Herreros, 41-4°
Madrid

Division of Special Technical Training -- within the National Program of Professional Promotion of Workers, P.P.O.

Responsible for vocational training of physically, mentally and socially handicapped, and for specialized training of instructors (monitores) of special technical training centers.

Instituto Nacional de Previsión (I.N.P.)
Calle Alcalá
Madrid - 14

Institute of National Insurance

Health insurance programs (Seguro de Enfermedad - S.O.E.) for workers and their dependents are financed through I.N.P., including hospital and out-patient services. Social insurance (Seguridad Social) payments have recently been extended to include financial assistance to retarded children in day centers not under the education authorities, and to work training programs for youth and adults to the age of 30.

While programs for the subnormal under auspices of the Ministry of Labor concern primarily those who can profit from vocational training, the recent changes in financial assistance to include moderately and severely retarded children and older persons in sheltered workshops, indicate a unique and forward-looking development.

Ministerio de Justicia

Ministry of Justice

Consejo Superior de Protección de Menores
Fernandez de la Hoz, 33
Madrid

Responsible for certain numbers of retarded children within delinquency and child protection facilities.

Presidencia del Gobierno

Administrative Office of Government

Comisaría del Plan de Desarrollo
Alcalá Galiano, 1
Madrid - 4

Office of National Development Planning

Responsible for planning programs of public investment to establish or modernize state or private centers through committees on Social Security, Health and Social Assistance, Education and Vocational Training.

SEMI-OFFICIAL NATIONAL AGENCIES CONCERNED WITH MENTAL RETARDATION

Obra Nacional de Auxilio Social — National Work of Social Aid
General Sanjurjo, 39
Madrid - 3
Provides residential and day programs for mentally retarded children and adolescents; it is responsible to the Ministry of Interior.

Delegación Nacional de Asociaciones — National Delegation of Associations
Alcalá 39-7°
Madrid - 14
Has promoted three Study Conferences on Mental Retardation Problems in 1963, 1967 and 1969.

OFFICIAL ORGANIZATIONS ON PROVINCIAL AND MUNICIPAL LEVELS

The "Diputaciones Provinciales" (Provincial governing bodies) and the "Ayuntamiento" (Municipal governing bodies), acting under central government control, provide specific services, e.g. sections for retarded children in provincial psychiatric hospitals, places in special education, health programs, etc.

Institutos Provinciales de Psicholgía — Provincial Institutes of Psychology
Primarily concerned with vocational aptitude testing.

PLANNING AND COORDINATION

Comision Interministerial de Coordinación de la Asistencia y Educación de Subnormales — Interministerial Coordinating Commission for Assistance and Education of Handicapped Children
Alcalá, 34
Madrid - 14
Secretario: Félix López Gete
Coordinating activities of state and private organizations and services for the handicapped; represented on the Commission are the Ministries of Interior, Education, Labor and the Spanish Federation of Associations for Protection of the Mentally Retarded.

Secretariado de Educación Especial de la Comisión Episcopal de Enseñanza — Secretariat of Special Education of R.C. Church (Bishopric) Commission on Education
Alfonso XI, 4-1°
Madrid - 14
Director: Rev. José I. Eguía
Responsible for information, planning and coordination and studies in the field of mental retardation.

VOLUNTARY ORGANIZATIONS

Voluntary organizations with primary concern for the mentally retarded -

Professional:

Asociación Española para el Estudio Científico de la Deficiencia Mental	Spanish Association for the Scientific Study of Mental Deficiency

General Oráa, 49
Madrid - 6
Presidente: Dra. María Soriano
Organized in 1967, it is a member of the International Association for the Scientific Study of Mental Deficiency.

Citizen:

Federación Española de Asociaciones Protectoras de Subnormales (F.E.A.P.S.)	Spanish Federation of Associations for Protection of the Mentally Retarded

Cristobal Bordiú 33
Madrid - 3
Dr. Luis de Azúa Dochao, Presidente (1969)
The movements of relatives and friends of the mentally retarded, beginning locally in the late 1950's became a strong national force with the creation in 1963 of the Spanish Federation. From the beginning the Federation and its now more than 80 provincial and local affiliates have demonstrated the feasibility of new programs for the mentally retarded and have successfully advanced legislative and administrative proposals to implement them. The Federation is a member of the International League of Societies for the Mentally Handicapped and has been host to a General Assembly, as well as the 1969 Symposium on Guardianship.

Other voluntary associations which include mental retardation -

Asociación de Profesores Especializados en Pedagogía Térapeutica	Association of Teachers Specialized in Therapeutic Pedagogy

General Oráa, 49
Madrid - 6
Dra. María Soriano, Presidente

Sociedad Española de Psicología	Spanish Society of Psychology

Huarte de San Juan, 1
Madrid - II
José Germain, Presidente

Sociedad de Neuro-Psiquiatria Infantil	Society of Child Neuro-Psychiatry

Barcelona
Dr. Luis Folch Camarasa, Presidente

Asociación de Pediatras Españoles
Londres, 43
Madrid - 2

RESEARCH

Studies are sponsored by many of the Ministries listed above, and by the pediatric and psychiatric departments of the universities. In addition there should be listed:

Consejo Superiór de Investigaciones Científicas Serrano 121 Madrid - 6	National Council for Scientific Research
Secretariado de Educación Especial Comisión Episcopal de Enseñanza Alfonso XI, 4 Madrid	Secretariat of Special Education
Instituto Nacional de Pedagogía Terapéutica General Oráa 49 Madrid Dra. María Soriano, Directora	National Institute of Therapeutic Pedagogy
Instituto Municipal de Educación Mejia Lequerica, 21 Madris - 4 Jose Ma. Gutierrez del Castillo, Director	Municipal Institute of Education
Servicio de Neurología "Nicolás Achúcarro" Gran Hospital del Estado Diego de León 62 Madrid - 6 Dr. Gonzalo Moya, Director	Department of Neurology "Nicholas Achucarro"
Departamento de Neurología Casa Provincial de Maternidad Traversera de las Costa, 161 Barcelona Dr. C. Lamote de Grignon, Director	Department of Neurology
Departamento de Epidemiología Instituto Provincial de Sanidad de Navarra Pamplona	Department of Epidemology

PUBLICATIONS

Concerned only with mental retardation -

Publication Series of the Patronato San Miguel
Apartado correos Nº 719
San Sebastián

Boletin de la Federación Española de Asociaciones Protectoras de Subnormales (quarterly) and Voces, in newspaper format (monthly)

Including mental retardation -

Revista de Educación
Alcalá, 34
Madrid

Revista de Sociología Aplicada
Cuesta de Santo Domingo, 5
Madrid - 13

Publications of P.A.N.A.P.
Bravo Murillo, 4
Madrid - 3

Publications of the Secretariado de Educacion Especial de la Iglesia
Alfonso XI 4
Madrid - 14

Directory -

"Repertorio Informativo sobre Educación Especial" published by the Patronato de Educación Especial in 1967; contains listings of available services as well as governmental and private organizations on the national, provincial and local level; includes a summary of legal and financial provisions.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - There is no clear arrangement for casefinding. Potentially, the pediatric dispensaries in the provincial health departments and hospitals and those in the rapidly-growing, well-financed health insurance facilities will be able to fulfill much of this need. The pediatric departments have not been especially interested in diagnostic assessment of the mentally retarded, as this is considered the job of the National Board of Psychiatric Assistance (P.A.N.A.P.) which has a system known as Centros Diagnosticos y Orientación Terapéuticos. The larger special schools, state and private, also provide diagnostic and assessment services.

Parent counselling is done largely through the local associations for the mentally retarded, many of which publish informational bulletins. Important also are the publications of the Patronato San Miguel.

Education - Special education in Spain was initiated by and received its early support from physicians rather than educators. Thus, many schools for the retarded are known as Institutos Medico-Pedagógicos. On the other hand, a professional group which has contributed much to the development of education in other countries, the clinical psychologists, has not been developed to any extent in Spain. While there has been for many years a National Board (Patronato) of Special Education, it was only in 1966 that there was organized in the Department of Primary Education in the Ministry of Education and Science, a Technical Bureau for Special Education. Since its organization, and with the growing pressure of the "Associaciones Protectoras" and the growing interest in mental retardation on the part of the Catholic Church, and, of course, with pressure from organizations in other fields of disability, there has been spectacular progress both in the provision of classes and of courses for the training of special education teachers. Over the ten-year period 1957-67, attendance in special education classes more than quadrupled and has extended to all of the 52 provinces.

In 1968 a White Paper (Libro Blanco) was issued by the Ministry of Education and Science which sets forth basic guidelines for both curriculum development and teacher training in special education.

Work training and employment - Most schools and classes for the mentally retarded include "arts and crafts" activities but little realistic work training. Regular vocational education programs, for which Spain has some excellent facilities, exclude the mentally retarded.

The first work training center was created in Valencia by the local association for the retarded in 1960. Other local associations followed suit. An excellent program has been developed by the Fundación Centro de Enseñanza Especial in Madrid, a private non-profit training institute for moderately and severely retarded young men and women.

In recent years the Ministry of Labor has engaged a Consultant on Sheltered Workshops (Talleres Protegidos) recognizing that in due course this will become as much a problem for labor relations and work procurement as for welfare and educational policies, and has instituted courses for training of instructors in vocational and sheltered employment facilities.

Medical care - The traditional view that mental retardation falls within the field of psychiatry, along with a very pessimistic outlook ("irrecuperable" has been an all-too-frequent clinical judgment), there has been little receptivity on the part of hospitals and medical practitioners towards mentally retarded capable of benefiting from medical intervention. However, a number of physical rehabilitation centers are beginning to extend their services to multiply handicapped children and adults.

Residential care - There are a large number of private institutions, some maintained by individual physicians, others by the Church. P.A.N.A.P., the National Board of Psychiatric Assistance, has opened some new residential facilities in recent years, largely limited to custodial care. Notable residential developments are those sponsored by the Patronato San Miguel in San Sebastián and by the Fundación Centro de Enseñanza Especial in Madrid.

Financial assistance - The national government provides a rather complex array of scholarship and grant assistance to retarded individuals and subsidies to non-government agencies providing services. Several Ministries are involved so that, e.g., scholarships for mildly retarded children come from the Ministry of Education, those for moderately retarded from the Ministry of the Interior, and, most recently, the National Institute of Social Insurance. An interesting feature is the participation of the local Savings Banks (Cajes de Ahorro) which by law must use a considerable percentage of their profits for benevolent works. Several have funded significant pioneer services in the education, vocational training and residential care of the retarded.

Recreation - Recreational activities are largely sponsored by the local associations of the Federación Española de Asociaciónes Protectores de Subnormales (FEAPS); summer camping programs are increasingly available.

Research - Outside of clinical research in some of the larger medical centers, studies so far have been mostly of survey type since the scientific community as yet is not very interested in mental retardation as a vital and interesting topic for scientific inquiry.

Personnel training - Reference has already been made to the spectacular (qualitative and quantitative) increase in courses for teachers of special education. However, for physicians, psychologists, social workers and nurses, there are as yet few opportunities to get adequate training in the field of mental retardation. In-service training for institutional aides is minimal.

Planning - A listing of governmental agencies in Spain immediately involved in services to the mentally retarded was presented in 1963 at a national conference. It comprised no less than 28 departments and boards under five Ministries, and was by no means an exhaustive listing. In turn, these governmental agencies relate to a multitude of private organizations and a wide variety of auspices.

In 1965 a presidential decree established the Interministerial Commission for the Assistance and Education of Children who are Physically, Mentally or Educationally Subnormal (Comisión Interministerial de Asistencia y Educación de Subnormales Fisicos, Psíquicos o Escolares), which includes in its membership, in addition to the relevant public officials, representatives of the National Federation for the Mentally Retarded.

OTHER INFORMATION FOR VISITORS

For visitors interested in education and training of the mentally retarded, information can be secured from:

Dr. Félix López Gete
Jefe de Oficina Ténica
Patronato de Educación Especial
Alcalá, 34
Madrid - 14

Dra. Maria Soriano, Presidente
Asociación Española para el Estudio
Cíentifico de la Deficiencia Mental
General Oráa, 49
Madrid - 6

For visitors interested in administrative aspects:

Gregorio Rubio Nombela
Jefe del Servicio de Planificación
Dirección General de Asistencia Social
Ministerio de la Gobernación
Amador de los Ríos, 7
Madrid - 4

Information is also available from:

Rvdo. Padre José I. Eguía,
Vice Presidente of FEAPS and of the ILSMH
R. Regente, 6
S. Sebastian

Federación Española de Asociaciónes Protectoras de Subnormales
Cristobal Bordiú, 33
Madrid - 3

School holiday periods - Schools are closed in general from July 15 to September 15; for 20 days at Christmas; and for 10 days at Easter.

SWEDEN

Area: 173,378 square miles; population: nearly eight million; government: constitutional monarchy with bicameral parliament (Riksdag). Sweden's unusually homogeneous population (which includes only small minorities of Finns and Lapps), her long history of freedom and neutrality, her agricultural and industrial efficiency have resulted in the well known high Swedish standard of living. A basic concept of the right of the individual to live in dignity and security underlies the broad, tax-supported, social welfare system, through which about 14% of the national income is redistributed. It includes compulsory health insurance, unemployment, old age and disability benefits, and various other special provisions.

Sweden participates actively with the four other Nordic countries in many areas of mutual interest (see item under Regional Organizations on the Nordic Association on Mental Retardation, NFPU); her international involvement, especially in aid to developing countries, is generous.

The first special school for the mentally retarded was founded in 1886 and led to the establishment of many provincial boarding schools by the turn of the century; most residential facilities, at first under voluntary auspices, have now become official responsibility. With the exception of a few remaining centralized (state) residential facilities, services are now provided by the twenty-five counties and three main cities, under the Mental Retardation Service Boards appointed by the elected County Councils.

The law of 1954 and the even more comprehensive law of 1968 define the rights and services for the mentally retarded to be carried out by the counties. Implementation is supervised, stimulated and, to some extent, subsidized by the following central government agencies:

GOVERNMENTAL AGENCIES WITH PRIMARY MENTAL RETARDATION RESPONSIBILITY

Socialdepartementet 103 10 Stockholm 2	(Ministry of Health and Social Welfare)

The following two agencies are supervised by the Socialdepartementet with regard to their activities for the mentally retarded:

Skolöverstyrelsen 104 22 Stockholm	(National Board of Education) Lennart Wessman Inspector of Special Schools for the Mentally Retarded Department of Planning
Socialstyrelsen 105 30 Stockholm	National Board of Health and Welfare Karl Grunewald, M.D., Head Bureau for Mental Retardation Services

The first is responsible for educational matters, while the second provides other services; some employment is organized by:

Arbetsmarknadsstyrelsen Lindhagensgatan 74 102 20 Stockholm	National Labor Market Board Albert Bergh, Head Vocational Rehabilitation Division

This is a sub-division of the Inrikesdepartementet
(Ministry of Internal Affairs)

National planning or coordinating bodies including mental retardation:

Official planning and coordination is done by the responsible central government departments. There is citizen involvement through:

Statens handikappråd David Bagares gata 3 111 83 Stockholm	(The State Council for the Handicapped which is appointed by the Socialdepartementet and acts in an advisory capacity to it.)
Handikapporganisationernas Central Kommittee (HCK) David Bagares gata 3 111 83 Stockholm	(The Central Committee of Organizations for the Handicapped which coordinates planning on the voluntary level.

VOLUNTARY ORGANIZATIONS

Voluntary organizations concerned primarily with mental retardation:

Professional: Svenska föreningen for omsorger om utvecklingsstörda
(Swedish Society for Services for the Mentally Retarded - formerly: for Education and Care of the Mentally Retarded)
Stora Skondal
Farsta

The following professional groups interested in mental retardation have no permanent headquarters and therefore are listed without addresses:

Svenska särskolornas lärarförening
(Union of Teachers of Special Schools)

Särskolans rektorsförening (SRF)
(Union of Special School Directors)

Vårdchefternas förening
(Union of Supervisors of County Boards of Mental Retardation Services)

De Enskilda anstalternas förbund
(Association of Private Institutions)

Citizen: Riksförbundet för utvecklingsstörda barn (FUB)
(National Association for Mentally Retarded Children)
David Bagares gata 3, Box 1304
111 83 Stockholm

The Swedish Association (FUB) was founded in 1956, four years after the first local group had been initiated. With about 100 local branches and a membership of 10,000, FUB is one of the strongest parent-sponsored organizations in Europe. FUB today has very strong and close ties to both the executive and legislative branches of government, but has been able to keep its independence as a consumer pressure group. A well-staffed national headquarters has given the organization considerable strength and prestige among voluntary groups in general. FUB has played a major role in the creation of the International League of Societies for the Mentally Handicapped.

Other national voluntary organisations which include mental retardation in their program:

Svenska scout förbundet (Swedish Scout Association
Box 11033 Boy Scouts and Girl Guides)
100 61 Stockholm

Riksförbundet för CP - barn (National Association for
David Bagares gata 3 Cerebral Palsy)
111 83 Stockholm

Rädda barnens riksförbund (Save the Children Federation)
Artillerigatan 59
102 40 Stockholm

Svenska röda korset
Artillerigatan 6 (Swedish Red Cross)
104 40 Stockholm

RESEARCH

See item under BRIEF DESCRIPTIVE NOTES

ALA-stiftelsen (ALA Foundation, FUB)
Box 129
751 04 Uppsala

PUBLICATIONS

Journals

Steg för Steg (Step by Step)

Bi-monthly, published by Svenska föreningen för omsorger om utvecklingsstörda in cooperation with the five other mental retardation organizations listed above. Subscription: Kr. 10.-

Editor: Åke Lundquist
Bielkegatan 5A
Gothenburg

FUB-Kontakt
Quarterly, published by Riksförbundet för utvecklingsstörda barn
Subscription: Kr. 16.-
Editor: Inger Frimansson
David Bagares gata 3
Stockholm C

(See also Psykisk Utvecklingshämning, published quarterly by the Nordic Association on Mental Retardation. Editor: Karl Grunewald, M.D.
Socialstyrelsen
105 30 Stockholm

Directory

Social Kalendern 1967
Kommunförbundets Förlag, Stockholm 1968, 299 pp. - This indexed listing with explanatory notes on official and voluntary social and health services, facilities, and organizations, includes a chapter on mental retardation. Address listings of facilities are available from the two responsible national departments in mimeograph form.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, consultation to parents - In all the counties as well as the metropolitan areas which do not come under county jurisdiction - with populations varying between 55,000 and 800,000 - there are pediatric departments; and, with the exception of the smallest two or three counties, there are also child psychiatric departments. The functions above outlined are implemented by these and by child health centers coordinated by them. A multi-phasic screening program for all four-year-olds has recently been adopted. The national parents' association (FUB) and its branches throughout the country provide extensive parent consultation. A unique service is the Advisory Bureau for Play Activities, a consultation and toy lending project (Lekotek) sponsored by the Swedish Scout Association.

Education - School attendance is compulsory for all mentally retarded children between 7 and 21 who can benefit from special education. Under the 1968 law, this includes children formerly considered "non-educable" at home or in institutions, and pre-school training. There are kindergartens or nurseries in all counties, special integrated classes in ordinary schools, and special schools, day and residential.

Work training and employment - Vocational training is a part of the compulsory education program for the 16 - 21 age group. There is no specialized agency for the employment of the mentally retarded as they are included in the general services of the Employment Boards. Twenty-nine sheltered workshops are functioning, including those in institutions. Other workshops for handicapped serve a limited number of mentally retarded.

Medical care - See first point. There are six special hospitals with medical and vocational rehabilitation programs for the mentally retarded.

Residential care- Roughly half the children receive education in boarding-schools and the other half in day-schools. About half the children living in care homes, who are in the age group 7 to 16, receive some kind of educational training. Most of the care homes for children are separate from those for adults. There are two special hospitals for children, three special schools for children with multiple handicaps and four schools for mentally retarded children with behavior problems. About 14% of the mentally retarded cared for in institutions live in special hospitals, ranging in size from 100 to 800 beds. About 80% live in county homes varying from 11 to 500 beds, with an average size of 64 beds. Roughly two per cent live in boarding homes varying in size between 5 and 20 places; such facilities are increasing.

Financial assistance - The parents of mentally retarded children may receive approximately Kr. 3,5000 per year as long as the child is cared for by the parents and is between the ages of 2 to 3 and 16. After reaching the age of 16, mentally retarded people receive a disability pension of roughly Kr. 4,000 a year. (This is received by 0.54% of the total population in the age group of 16 - 66.) All education, care and other services for the mentally retarded are provided free of charge.

Recreation - During the past few years, special recreation programs such as study circles, vacations abroad, summer camps, etc., have been widely developed, but are as yet insufficient. The voluntary agencies have been particularly active in this area.

Research - Behavioral research is being carried on to a small extent in conjunction with the education, care and training of the mentally retarded. At the Universities of Uppsala, Gothenburg, Stockholm, Lund, and Umeå research is carried on in various departments - particularly significant have been the epidemiological studies of Åkeson and those of Forssman on chromosomal abnormalities. At the Karolinska Institute in Stockholm (Royal Medical School) a number of mental retardation projects are being carried out in the biological and social sciences, including studies in nutrition and in sound perception. The ALA project in Uppsala, supported by the Riksforbundet FUB with other organizations, is investigating methods of work training and social adaptation. A number of private foundations sponsor research programs.

Personnel training - There are special training facilities and programs for teachers, home superintendents, psychiatric social workers, work supervisors, recreational supervisors and other full-time personnel.

Planning - The two central government supervisory agencies, education and health and social welfare, are jointly responsible for planning and developing educational, care and training programs for the mentally retarded.

OTHER INFORMATION FOR VISITORS

The above listed central government agencies provide assistance in making arrangements for visits. FUB may also be contacted.

School holiday - Easter Week, the periods June 10 to September 1, and December 23 to January 10.

SWITZERLAND

Area - 15,941 square miles; population - 6 million; government - Switzerland is a Confederation of 25 cantons and half cantons, originating from the pact of 1291. Each canton is sovereign and has its own Departments (corresponding to Ministries in other forms of government) of Education, Health, Labor, Finance, etc. The national executive, or Federal Council, has seven members who are elected by the Federal Assembly for a four year term, forming a "governement collegial", with one member elected president each year as "primus inter pares." Each Federal Councillor heads one of the seven government departments.

There are four national languages: German (70%), French (19%), Italian (10%), Rheto-romanche (1%). Of these, three are official languages: German, French and Italian. Approximately 52% of the population are Protestant, 45% Catholic, and 1% other denominations.

In 1841 the world's first known effort to provide "therapeutic" care for a group of severely deficient persons in a separate residential setting was initiated by J. J. Guggenbühl at Abendberg near Interlaken. While Swiss residential homes for children have long had a reputation for good care and day school programs for slow learners and the mildly retarded began in cities before the end of the 19th century, it is only in the last decade that special needs of the adult and the more severely retarded of all ages have been recognized. (An exception was the day school program developed in Zurich 25 years ago.)

GOVERNMENTAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Federal

Office fédéral des assurances sociales Bundesamt für Sozialversicherung Effingerstrasse 33 3003 Berne	Federal Office for Social Insurance

Carries the main public responsibility on the national level for rehabilitation in Switzerland both for the physically and mentally handicapped. The Federal Office for Social Insurance acts as supervisory authority for the Federal Disability Insurance Act, which took effect January, 1960. Concerning the mentally handicapped, this Office has its own regional bureaus for vocational rehabilitation, while cantonal boards examine the individual cases and make decisions regarding appropriate rehabilitation measures and pensions for the handicapped. The Federal Office is a very dynamic institution which carries great responsibilities for the mentally handicapped, as it is the only federal office in charge of this problem.

Cantonal departments

Due to the federal structure of the country there are no ministries of health or education in the central Federal government. Each canton has its own "Ministry of Education, Health or Labor" generally called "Departments," located in the capital of each canton and with slightly different titles, in general being called:

For education: Département de l'instruction publique, or
Kantonal Erziehungsdirektion

For health: Département de la prévoyance sociale et de la
sante publique, or
Kantonal Fürsorgedirektion

Persons from abroad interested in contacting one of these Departments are suggested to request the addresses from the Swiss representatives abroad. There is a coordinative body between these cantonal departments called "Conference of the Heads of Departments."

National planning and coordination

Commission suisse d'etude pour les problemes des handicapés mentaux
Schweizerische Kommission für Probleme der Geistigen Behinderung
Mr. Jean Wahl, Chairman
c/o Postfach Pro Infirmis
8032 Zurich

Swiss Commission for the Study of Problems of the Mentally Handicapped

This is a semi-public national coordinating body of two representatives of the Federal Office for Social Insurance, the various cantonal Departments interested in the mentally handicapped, and representatives of professional and voluntary bodies; it has ten working sub-committees concerned with specific aspects of the problem. The Chairman, Mr. Wahl, is Secretary General of the Federation of Parents' Associations.

VOLUNTARY ORGANIZATIONS

Concerned primarily with mental retardation

Professional:

Association suisse en faveur des arriérés (ASA)
Schweiz. Hilfsgesellschaft für Geistesschwache (SHG)
Herr E. Kaiser, President
Bullingerstrasse 50
8004 Zurich

Swiss Association for the Mentally Retarded

Founded in 1889, this organization of professional workers has, until the 1950's, been primarily concerned with community programs for the mildly retarded child residential services for all degrees of mental deficiency, vocational training, and the training of personnel. Its regional groups have since then increasingly supported community programs for the moderate and severely subnormal children, sheltered workshops, hostels, and were the first to create educational services for children of 1 to 6 years with travelling teachers.

Citizen

Fédération suisse des association de parents d'enfants mentalement handicapés
Schweiz. Vereinigung der Elternvereine für geistig Behinderte
Federazione Svizzera della associazioni di famiglie di ragazzi mentalmente insufficienti
Central Secretariat - P.O. Box 191
2500 Biel 3 (Bienne)

Federation of Associations of Parents of the Mentally Handicapped

Founded in 1960, the Federation unites 19 cantonal or regional associations composed of 5,000 parents and about 7,000 professional workers and interested citizens. It has achieved an increasingly important role in providing and obtaining services through its member associations, in contacts with official and professional agencies, and in education of the public. The Federation was one of the founding members of the International League of Societies for the Mentally Handicapped.

Others which include mental retardation

Schweiz. Vereinigung Pro Infirmis
Association suisse Pro Infirmis
Postfach 129 (Feldeggerstrasse 71)
8032 Zurich
Miss E. Liniger, Secretary General

Swiss Association for the Handicapped "Pro Infirmis"

A long established "umbrella" organization uniting in its membership professional service organizations for the various categories of handicaps, Pro Infirmis supports a network of social agencies (services sociaux) all over the country with full-time and specialized social workers. More than one-third of their clients are parents of mentally handicapped children, or retarded adults. Relationship with the International Society for Rehabilitation of the Disabled is in charge of Miss G. Saxer, Schweizerische Arbeitsgemenschaft für Invalidenhilfe.

Fédération suisse pour l'intégration des handicapés dans la vie économique (FSIH)
Schweiz. Arbeitsgemeinschaft zür Eingliederung Behinderter in die Volkswirtschaft (SAEB)
Brunaustrasse 6
8002 Zurich

Swiss Federation for Integration of the Disabled in the Economy

Union suisse des ateliers pour handicapés
Schweiz. Verband von Werkstätten für Behinderte
Herrn Pfr. H. Wintsch, Chairman
Kinderheim Schürmatt
5732 Zetzwil

Union of Sheltered Workshops for the Handicapped

Association des séminaires de pédagogie curative Verband der heilpädagogischen Seminarien Herrn Dr. E. Siegrist Aeschengraben 9 4000 Basle	Union of Curative Education Seminaries -- special education teachers training colleges
Fondation suisse en faveur de l'enfant infirme moteur cérébral Schweiz. Stiftung für das cerebral gelähmte Kind Postfach 58 9410 Heiden	Foundation for Cerebral Palsied Children
Verband anthroposophisch tätiger Heilpädagogen und Institutionen in der Schweiz Sonnenhof 4144 Arlesheim	Association of Anthroposophic Curative Education Teachers and Institutions in Switzerland

RESEARCH

Research on various aspects of mental retardation is carried on in all universities and in the large hospitals, especially in the children's hospitals. The sole research institute with a major interest in mental retardation is the Institut für Hirnforschung at Zurich.

PUBLICATIONS

Pro Infirmis Postfach 129 8032 Zurich	A monthly journal concerned with all categories of handicapped.
Pages romandes de l'ASA 95, Av. C.-F. Ramuz 1009 Pully	An independent French-language publication edited by ASA.
Revue suisse d'education Höhenweg 60 St. Gallen	The ASA contributes articles on mental retardation to this monthly.
Heilpädagogische Werkblätter Löwenstrasse 5 6000 Lucerne	A bi-monthly journal concerned with special education in all fields.
Helfendes Licht and Leur voix FSAPEMH P.O Box 191 2500 Bienne 3	This quarterly, in German and French editions, is published by the Swiss Federation of Parents.

The Office fédéral des assurances sociales publishes a monthly paper, "RCC" (Effingerstrasse 33, 3003 Berne.)

Directories

Rehabilitations Einrichtungen Institutions de réadaptation P.O. Box 129 8032 Zurich	Listing of medical facilities, special schools, vocational training centers, sheltered workshops, hostels and residential homes for the handicapped, published by Pro Infirmis and SAEB (Swiss Federation for Integration of the Handicapped in Economic Life.)

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - Only in the larger cities are there specialized diagnostic centers which are especially prepared to deal with the mentally retarded. In general, children's hospitals, specialized physicians for children, the widely spread infant welfare services with regular medical consultations for mothers, and school medical officers and psychologists (assessing school-age children) do the main case finding.

As yet, opportunities for specialized consultation to parents are not sufficient although the social services of Pro Infirmis, the staff of many day schools, and several of the local parents' associations for mentally handicapped children, and more recently the travelling teachers for mentally handicapped infants are prepared to give services.

Education - Until the 1950's, Swiss schools accepted children of mild and moderate retardation in the same schools with sufficient specialization in different grades only in the larger cities. Based primarily on the experience of the world famous "Heilpädagogische Hilfsschule" of the city of Zurich Schools Department, and the still older institutions under anthroposophic direction, special schools for moderate and severely retarded children have been created by the school authorities in all cantons.

In order to help parents in their educational tasks and to begin the specialized training as early as possible, the Association suisse en faveur des arriérés and several parents' associations employ travelling teachers who visit families with retarded infants up to kindergarten age and provide a minimum special education to children of school age living in isolated mountain valleys.

Work-training and employment - Vocational training centers and sheltered workshops for the mentally retarded have been established in recent years in increasing numbers; however, as yet only a small percentage of those needing this type of training and work opportunity can be accommodated. There are approximately 60 sheltered workshops for the handicapped. Some of these serve a mixed clientele of physically and mentally handicapped persons.

Medical care - Switzerland has a high standard of medical care. However, until recently, this has not been reflected in the area of mental retardation where there has been only limited interest in the health problems of the mentally retarded. Practically 90% of the hospitals have now introduced a PKU prevention program, which will undoubtedly contribute to increasing the interest of physicians.

Residential care - Nearly 130 years ago the first attempt to give special care and training to the severely retarded in a residential home was carried out by Guggenbühl near Interlaken. There are many institutions at present, purposely kept small and seldom with more than 100 residents, which are mainly under private and church auspices. Educational and vocational training is emphasized, although for the more severely handicapped this is generally still in beginning stages, and programs for the adult retarded are particularly lacking.

Outstanding in both program and architectural design is Kinderheim Schürmatt, 5732 Zetzwil (Aargau).

Hostels for retarded adults in sheltered employment have been established within the community in the cities of Zurich, Basle and Olten, and several residential centers, mostly under anthroposophic direction, provide family living and employment for moderately and severely retarded young adults. An example is "Aigues Vertes" in the Canton of Geneva.

Financial assistance- Since 1960 the Swiss Invalidity Insurance System has pioneered in giving financial assistance to the families of the mentally retarded, to the retarded himself, and in providing subsidy to agencies rendering what can be considered preventive services. (These include programs for education and training.) Rehabilitation is looked upon as a vital secondary preventive service.

Recreation - Special programs, clubs, vacation colonies and camps (both summer and winter) are sponsored by special day schools, residential centers and parents' associations.

Research - World famous for his contributions to better understanding of cognitive development in early childhood is Professor Jean Piaget and his assistant, Dr. Bärbel Inhelder, who has applied Piaget's theory to the area of mental retardation at the Institute of Educational Sciences, University of Geneva. A certain amount of research in mental retardation is carried on in university medical schools.

Personnel training - Specialized training courses for teachers and for "educateurs" (child care workers) are available in Zurich, Fribourg, Lucerne, Lausanne, Zetzwil and Geneva, which also has a training course for sheltered workshop staff.

Planning and coordination - on the governmental level by the Swiss Commission for Problems of Mental Retardation. Established in 1967, the Commission, through its ten task forces (sub-committees) has concentrated on fact-finding, but has already made recommendations in the area of training and community services for the very young mentally retarded child. Another Commission report on the place of the mentally retarded in Swiss legislation provides a very complete study and recommendations. (Printed only in German.)

OTHER INFORMATION FOR VISITORS

Requests for information and assistance in planning visits can be made to:

Pro Infirmis
Postfach 129
8032 Zurich

Swiss Federation of Parents of the Mentally Handicapped
P.O. Box 191
2500 Biel 3 (Bienne)

or the above listed organizations.

School vacations - vary from canton to canton but generally occur from December 20th to January 10th; Easter; July and August.

THAILAND

Area - 200,148 square miles (about the size of France); population - 32 million; an estimated 3 million Chinese live in the larger urban areas, about 70,000 Malay-speaking Moslems in the narrow southern province, and in the northeast and north 40,000 Vietnamese and 200,000 various hill tribe peoples.

The Kingdom of Thailand, the only Southeast Asian country never colonized by a European power, has been a constitutional monarchy since 1932, governed by the King, Prime Minister, Cabinet and Assembly. A decade of military rule was concluded by elections held in 1969. Administratively the country is divided into 71 Provinces, further subdivided into districts, towns and villages.

The Thai economy is both fast developing and stable, resting largely on agriculture. Thailand is the world's largest rice exporter, but its economy is becoming increasingly diversified. The capital, Bangkok is a modern city with a population of more than 2 million. An annual population growth of 3% somewhat offsets the 7% annual increase in gross national product; a concerted effort has been launched by the government to improve standards of health, education and economic security and an unusually large part of the national budget goes to economic development and education. Schooling is compulsory between 7 and 15; there are 7 universities, 31 training colleges and many vocational schools. About 93% of the people are Buddhist. The language is Thai, related to Pali and Sanscrit. There is considerable official use of English.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministry of Public Health
Devavej Palace
Bangkok

Department of Medical Services
Mental Hospital Division

Institute for the Mentally Retarded
Pan Ya-On Training School and Hospital
55 Din Daeng Road,
Bangkok
(Director, Dr. Rosjong Dasnanjali)

Ministry of Education

Rajdamnoen Road
Bangkok 3

Department of Elementary and Adult Education
Division of Special Education
(Mrs. Sathaporn Suvannus, Chief
Supervisory Unit)

VOLUNTARY ORGANIZATIONS

Voluntary organization with primary concern for the mentally retarded

Foundation for the Welfare of the Mentally Retarded
under the Patronage of Her Majesty the Queen
55 Din Daeng Road,
Bangkok

President: Kun Ying Lekha Abhaivong
Secretary - General: Mrs. Palit Dasnanjali

The Foundation was established in 1963 by public spirited citizens, professional workers and parents, and has provided major support for the Institute for the Mentally Retarded, (Pan Ya On Training School and Hospital), in close cooperation with the government agencies concerned. The Foundation, through dissemination of information and public fund raising, seeks to increase understanding of and assistance to the mentally retarded; preventive measures as well as rehabilitative measures are stressed.

Other Organizations which include some concern for the mentally retarded

Foundation for the Welfare of the Crippled
under the Patronage of the Princess Mother
Mahidol Building
Rajavithi Road
Bangkok

Foundation for the Blind in Thailand
under the Patronage of Her Majesty the Queen
420 Rachavithi Road
Bangkok

Foundation for the Welfare of the Deaf
under the Patronage of Her Majesty the Queen
77 Rama V Road, Dusit
Bangkok

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents -Initial case finding and diagnosis may be through general practitioners, maternal and child health centers, midwives and public health nurses, or child guidance centers.

Since 1962 the Institute for the Mentally Retarded has provided a specialized diagnostic and assessment service, together with parent counselling. About 500 new cases are seen annually.

Education and Vocational training - The first classes for "slow learners" were organized in 1957 by the Department of Elementary And Adult Education in a few schools in Bangkok and the suburb of Thonburi. At the present time there are some special classes for mildly retarded ("educable") children in seven public schools. However, efforts are made to give retarded children in ordinary classes special attention by the teacher and education administrator, at the same time encouraging as far as possible their assimilation in the normal groups and discouraging the use of special classes as problem dumping grounds. School attendance has not been made compulsory for retarded children. The Division of Special Education may refer them to a child guidance clinic or directly to the Institute for the Mentally Retarded for assessment.

The Rajanukul School, a part of the Institute, has ten classes on pre-school and elementary levels, for 150 residents and 50 day pupils. In addition to some basic academic teaching, emphasis is on every day living experiences. Activity programs include sewing, painting, ceramics, woodwork, handicrafts, metal work and music. An effort is made to help adolescents and adults attending on a day basis to develop work habits and skills through actual work projects. The 10 teachers of the School are supplied and trained by the Department of Elementary and Adult Education and it always has a representative on the Board of Directors of the Foundation for the Welfare of the Mentally Retarded.

Medical Care at the Institute is provided by the director and five permanent physicians who visit the hospital ward daily, look after the health of the residents and conduct daily out-patient clinical services. The Institute's staff of professionals consists also of 2 dentists and a dental hygienist, 21 nurses (also 16 nurses aids), three occupational therapists, two social workers, and the School staff of ten.

Residential care - In 1969 the Institute had approximately 300 residents ranging in age from 7 to 18 years, and a staff of 90. There are two dormitories for boys and two for girls. The hospital includes a special ward for the severely physically handicapped retarded.

Financial Assistance - The expense of care at the Institute is paid mostly by the government unless the family is able to share in the cost. Whenever possible the family is expected to provide clothing and educational materials. Special schooling in the regular schools is free, although all children are expected to pay for school materials and the daily meals. There are some funds for aid to those unable to do so. A part of these funds are provided by the Foundation for the Welfare of the Mentally Retarded.

Recreation and leisure time programs - Volunteers from the community, especially members of the Foundation for the Welfare of Mentally Retarded help to provide many recreational and entertainment activities at the Institute.

Research - There are outstanding neurological research facilities in connection with Tahiland's mental hospital program, but specific research in the mental retardation field can be expected primarily from the Institute of Mental Retardation and research studies of the Education Department.

Personnel training - Courses are given by the Department of Education for preparation of special class teachers; in-service training is provided for personnel at the Institute. A definite number of hours are devoted to instruction on general mental health topics in the training of doctors, nurses, midwives and social workers.

Planning - In 1958/59 and 1963 WHO assisted in general mental health planning through several short term technical consultant visits by Dr. A. Stoller of Australia. Other experts from abroad, including those attending the 1965 meeting of the World Federation for Mental Health in Bangkok have provided stimulation.

Other information for visitors - Requests for information and visits may be directed to:

Dr. Rosjong Dasnanjali
Institute for Mental Retardation
Pan Ya On Training School and Hospital
55 Din Daeng Road
Bangkok 4

School holiday periods - are from mid-March to mid-May.

TUNISIA

Area - 63,378 square miles; population - 4.7 million; government - formerly a French protectorate, proclaimed a republic in 1957. The official language is Arabic, but French is still widely used and taught in the schools. 95% of the people are Moslems; the largest European communities are the French (26,000) and the Italian (15,000). Agriculture, although handicapped by inadequate water supplies in many parts of the country, is the backbone of the economy. There is sizable unemployment, but despite the great problems existing in the economic field, considerable progress is being made in the health, education and social fields. For example, women may vote, and during the last decade the number of children in primary schools has increased by 3! times to 800,000. Secon dary education has increased over 5 times and higher education nearly 4 times.

GOVERNMENTAL AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Secrétariat d'état aux affaires sociales (Ministry of Social Affairs)
Rue Bab Binat
Tunis

Service de l'action sociale (Social Welfare Services)

Service des handicapés et de la réadaptation
(Rehabilitation and services for the handicapped)

Service de l'enfance (Children's Services)

Assurance sociale (Social Security)

Secrétariat d'état à l'éducation nationale (Ministry of Education)
Rue Bab Binat
Tunis

Direction Pédagogique (Educational Research)

VOLUNTARY ORGANIZATION FOR MENTAL RETARDATION

Citizen and professional

L'Union Tunisienne d'aide aux insuffisants mentaux (UTAIM)
Tunisian Union for Aid to the Mentally Retarded
Dar Tahat Zaouchi
Rue Mohammed Ali
La Marsa

Founded in June 1966, UTAIM is a parent-sponsored organization which has a highly qualified advisory committee including physicians, educators, clergy and public relations advisors. Contact is maintained with similar organizations in other countries, e.g., France, Switzerland and Canada.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, consultation to parents - There are as yet no specialized facilities other than the newly developing maternal and child health services, private physicians and general hospitals. In 1968 a Canadian medical aid team (from Montreal Children's Hospital) with special interest in cerebral palsy examined children who were both physically and mentally handicapped. UTAIM provides family counselling to the extent possible.

Education - Some special education for retarded children is being provided in certain government homes for dependent children, and in some private and government schools.

Work training and employment - A pilot project is being carried on under the Rehabilitation Service of the Ministry of Social Affairs to provide vocational training for mildly retarded boys between 12 and 16 years of age.

Medical care is provided in various hospitals and by the several projects serving handicapped children.

Residential care - Under the Children's Service of the Ministry of Social Affairs, the government has an extensive system of orphanages and "Bourguiba villages" where some of the children are retarded, as is to be expected in a random sample of the population. In two of these special education is being provided:

Foyer d'enfants Salaheddine Bouchoucha
Kassar Said

Centre d'Accueil de Fatah
Bizerte

Financial assistance - Some aid is available through the central government social security program.

Recreation - UTAIM sponsors a weekly recreation club program for mentally retarded children.

Research is being undertaken in connection with the vocational training project of the Ministry of Social Affairs' Rehabilitation Service directed by its Chief, Dr. Aicha Chakroun. A survey has been made by the Research Department of the Ministry of Education to ascertain the number of children with physical or mental handicaps in the elementary schools. This will be supplemented by information from the Social Services on the number of handicapped above and below elementary school age.

Personnel training is primarily on an in-service basis. A few teachers have had short term training in Switzerland and France.

Planning in this special area has not yet been possible on a national level. UTAIM, with the support of its Honorary President, S. E. Monsieur Mondher Ben Ammar, Secretary of State for Youth, Sports and Social Affairs, has increasingly undertaken the responsibility of bringing information on mental handicap to the public through the news media and television. In this it has the support also of the National Union for Tunisian Women which acts as a pioneer in setting up social and child welfare institutions and in interpreting legislation to the public.

OTHER INFORMATION FOR VISITORS

Assistance in planning visits or obtaining information may be requested from UTAIM or from

Dr. Aicha Chakroun
Chef du service des handicapés et de la réadaptation
Secrétariat d'état aux affaires sociales
Rue Bab Binat
Tunis

Each application will be dealt with separately, according to the circumstances.

School vacation periods:

Winter - approximately December 23 to January 3

Spring - one week late March or early April

Summer - mid-June to mid-September

SUPPLEMENTARY INFORMATION

UTAIM became a member of the International League of Societies for the Mentally Handicapped in 1970.

USSR

The Union of Soviet Socialist Republics, in area the largest country in the world (8,647,172 square miles) has a population of 236,700,000 (1968). It is a federation of 15 Union Republics within certain of which are further subdivisions such as Autonomous Republics, Autonomous Regions and National Districts. The largest Union Republic, the Russian Soviet Socialist Republic, contains over 50 percent of the population of the Soviet Union and 76 percent of its territory. Moscow, the capital city, has a metropolitan population of over 6 1/2 millions.

The USSR was formed in 1922, the first Soviet constitution having been adopted in 1918 by the RSFSR. The highest legislative authority is the bi-cameral Supreme Soviet which appoints the Council of Ministers (Premier and Deputies), the executive and administrative organ of government.

The economic foundation of the USSR is the socialist ownership of the instruments and means of production (state or cooperative and collective). Industrialization has proceeded very rapidly in this vast country which is rich in natural resources.

Since 1930 education has been free and compulsory. The 8-year primary school is followed by 3-year secondary school courses in preparation for entrance to a technical institute or university. Illiteracy has been reduced to 1.5 percent.

Social benefits for all workers include free health services, paid vacations, sickness insurance, pensions (including three types of disability pensions), and special benefits to mothers and children. Health services are extensively organized and very well staffed, with great emphasis put on preventive measures, particularly in services for children through a continuing program of screening, early diagnosis and treatment.

Leading Soviet authorities such as Pevzner use the term oligophrenia to include only those forms of mental deficiency which arise as a result of intrauterine or early lesions of the central nervous system. This is differentiated from backwardness in mental development due to psychosocial or other causes. The organization of assistance to persons with oligophrenia and other forms of mental retardation (estimated at under 1 percent of the population) is based on the principles of compensating the deficiency to the utmost possible extent, promoting social rehabilitation and preventing invalidity. It is organized under the direction of the following ministries:

GOVERNMENT AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Ministry of Health of the USSR
Director Z. N. Serebriakova
Chief specialist in psychoneurology
Rakhmanovskii per 3
Moskow

Ministry of Social Security of the RSFSR
Management of homes for the aged and disabled
Director of the Department
I.F. Saddatenkov
162, ul. Shabolovka, dom 4
Moskow

Ministry of Education of the USSR
Main management of schools
Director of the Department
V.P. Davydov
Zubovskaia pl., dom 4
Moskow

State Committee of the Council of Ministers of the USSR for occupation and technical education
Sadova-Cukharevskaia ulitsa, dom 16
Moskow-16

All local agencies involved in rendering assistance to the mentally retarded are within the organizational structure of the ministries listed above.

Coordination: The coordination of the activities of the different ministries concerned with rendering assistance to the mentally retarded is effected by interdepartmental conferences and consultations.

Volunteer organizations: Volunteer societies and organizations concerned with assistance for the mentally retarded do not exist in the USSR. However, the participation of parents of mentally retarded children in the specialized programs is actively encouraged. Parents' Councils of the various children's facilities (schools and Children's Houses) meet regularly to find ways of assisting the teachers; parents are also represented on the Pedagogical Council of teachers of each program.

RESEARCH

The central scientific institution which coordinates and directs all scientific research in the field of medicine in the USSR is the USSR Academy of Medical Sciences. It includes the commission on problems of mental illness, which deals specifically with coordination and direction of the scientific research in mental retardation from the medical and medico-biological aspects. Prof. S.S.Mnukhin is in charge of the problem of "oligophrenia"; he is the director of the department of psychiatry of the Leningrad Medical Pediatric Institute (Leningrad, ulitsa Listovskaia, dom 2).

All-Union Scientific Society of Neuropathologists and Psychiatrists also participates in the coordination of the scientific research concerning oligophrenia (president of the society, director of the department of psychiatry of the First

Moscow Medical Institute, Prof. V.M. Banshchikov, ulitsa Rossolimo, dom II, Psikhiatricheskaia klinika imenii S.S. Korsakova, Moskow). The coordination of scientific studies concerning the medical aspects of the problem of oligophrenia is also in the province of the section for pediatric psychiatry of the All-Union Scientific Society of Neuropathologists and Psychiatrists (chairman of the section- Prof. V.V. Kovalev, director of the department of pediatric psychiatry of the Central Institute for the Advanced Training of Physicians (Moskva, 242, ploshchad' Vosstania, dom 1/2). The activity of the Scientific Society of Neuropathologists and Psychiatrists concerning the coordination of research in the field of medicobiological aspects of the problem of oligophrenia is carried out in a close cooperation with the Commission on Problems of the USSR Academy of Medical Sciences.

The scientific research on the pedagogical aspects of the problems of mental retardation is carried out in the Scientific Research Institute of Defectology of the Academy of Pedagogical Sciences (Ulitsa Pogodinskaia dom 8, Moskva-Director T.A. Vlasova) and also in the departments of psychopathology and logopedics of "defectology" schools of pedagogic institutes. The questions of the social rehabilitation and occupational training of the mentally retarded are handled in the Central Research Institute of Employability and Work Organization of the Disabled (Moskva, 57, ulitsa Ostriakova, dom 3).

PUBLICATIONS

Research studies on the problems of mental retardation are published in the Zhurnal Nevropatologii i psikhiatrii imeni S.S. Korsakova (Journal of Neuropathology and Psychiatry of S.S. Korsakov), the journal "Defectologiia" (published since January 1968) and in the collected publications of scientific research studies of the institutes listed above, in the works of the All-Union, All-Russian and Republic Scientific Societies of Neuropathologists and Psychiatrists, psychiatric-neurological hospitals, departments of psychiatry and psychopathology of the medical and pedagogical institutes. Frequently reports on conferences and work in other countries are included as e.g. in "The Special School", journal of the Scientific Research Institute of Defectology.

BRIEF NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, consultation to parents: Mental retardation in a number of forms (Down's syndrome, microcephaly, phenylketonuria, etc.) is already detected by pediatricians in the maternity hospitals and later both by teachers and instructors in the day nurseries, kindergartens, schools and by pediatricians and pediatric psychoneurologists. After the patient with suspected mental retardation is identified, he is seen by a pediatric psychoneurologist who decides whether oligophrenia is present, its etiology and clinical form. The consultation examination of mentally retarded children is done by pediatric psychoneurologists in pediatric polyclinics and psychoneurological dispensaries. Medical-genetic consultations detect forms of oligophrenia due to genetic factors, measures are taken for prevention of oligophrenia in the progeny and appropriate advice is given to the couples.

Education and vocational training: Pre-school education and preparation for training in a special school is provided by specialized day nurseries - kindergartens. The school education of mentally retarded is insured by a wide net of special (auxiliary) schools. The duration of education in these schools is eight years. In the course of education the children learn simple occupations and are then prepared for work. In addition, some occupational and technical schools have special groups for occupational training of the mentally retarded. Work training of mentally retarded adolescents with more pronounced intellectual disorders and mental deficiencies is carried out in occupational therapy workshops of the dispensaries. It should be pointed out that education is provided by specially trained teachers not only for the boarding and day schools for debiles under the Ministry of Education, but also for the special babies' homes and creche-kindergartens under the Ministry of Health and the residential Children's Houses for imbeciles and idiots under the Ministry of Social Security.

Employment: Mentally retarded with a deficiency of a mild degree (oligophrenia in the degree of debility) who completed special school and occupational technical schools are prepared in general for work in basic industries and agriculture. The more severely handicapped are employed in productive work in sheltered programs (including industrial and farm work).

Medical care: Medical assistance for the mentally retarded, depending on the disorder (general somatic, neuropsychiatric and the like), is rendered both in the treatment centers of the general medical service (in polyclinics, hospitals, etc.), by various specialists (therapeutists, pediatricians, surgeons, etc.) and in psychoneurological dispensaries, hospitals and occupational therapy workshops.

Residential care: Hospital care for oligophrenic patients is provided in psychiatric hospitals of the public health service and in the homes for the disabled maintained by the Social Security agency (Children's Houses and Homes for Invalids). In the psychiatric hospitals these patients receive various kinds of treatments, principally drug therapy, physiotherapy and physical therapy. In the homes for the disabled the main role belongs to the complex of measures concerning education, special training and social and work adjustment of the mentally retarded.

Financial assistance: Medical and educational services are free. Parents make a contribution towards residential costs for children under 18, based on monthly income, with free care for children of unmarried mothers, widows, invalids, etc.

Recreation: Recreation for the mentally retarded is provided at the place of their established residence, and includes various cultural and sport measures, work in recreational groups and the like.

Research: The principal trends of the investigation of the problem of mental retardation include the study of the medico-biological nature (etiology and pathogenesis) of oligophrenia, diagnosis and clinical study of various forms of oligophrenia, elaboration of preventive and therapeutic methods, questions of social rehabilitation of the mentally retarded, including general and occupational training, education and study of the psychology of the mentally retarded. There is a very close link between research and practice.

Personnel training: Training of personnel for work with the mentally retarded is carried out in the medical schools that train auxiliary medical personnel for psychiatric institutions. Psychiatrists and psychoneurologists who work in the institutions for the mentally retarded are trained in large psychiatric hospitals and in special courses in the department of pediatric psychiatry of the Central Institute for the Advanced Training of Physicians. Training of defectologists, teachers who work with handicapped children, is specialized with regard to the type of handicap, those who teach the mentally retarded being also qualified in speech therapy (logopedy). Preparation may be in a four-year course at an Institute or Faculty of Defectology, or part time for already qualified teachers. Theory is closely linked with practical work in the schools.

Salaries for special teachers are higher than in ordinary schools. There is still a shortage of qualified defectologists. Trained child care workers ("up-bringers") are responsible for extracurricular programming and are also employed as classroom auxiliaries.

OTHER INFORMATION FOR VISITORS

The office of foreign relations of the Ministry of Health of the USSR and the office of foreign relations of the Ministry of Education of the USSR are the main authorities which regulate communications between the Soviet and foreign specialists in the field of mental retardation. Whenever there is a need for any information or an official visit to the USSR, the request is to be addressed to these agencies either directly by mail or through the Soviet Embassy in the country concerned.

School vacations: School vacations in the USSR are as follows:

November 4 to November 9
December 30 to January 10
March 25 to April 1
June 20 to August 31.

UNITED ARAB REPUBLIC

(EGYPT)

The country's 386,100 square mile area is a nearly rainless desert with a population of almost 31 million living in only 3.6% of the total area, the arable valley and delta of the Nile. With the exception of small minority groups, the Egyptian population is fairly homogenous, being 93% Moslem and 7% Coptic Christian. Arabic is the official language. The country has a recorded history of almost 6,000 years, since 1953 it has been a republic, functioning under a provisional constitution with executive authority resting in the President who appoints the Prime Minister and Cabinet. Parliamentary constituencies are established on a combined regional-occupational basis. The UAR is divided into 24 governorates, whose appointed governors are responsible for implementing policy made in Cairo About 20% of the national budget is allotted to economic development; principal exports are cotton, rice, mineral products, textiles and manufactured products. The completion of the Aswan High Dam will add 1 to 2 million acres of arable land to the country's resources.

Education is compulsory beginning at age 7 and is free through high school. Since 1952 elementary school attendance has risen from 40% to 90%. In addition to the University of Al-Azhar, historic seat of Moslem learning, there are four modern universities. There is a concerted drive to increase the rate of literacy, now about 30%, through adult education and community development programs.

As more of the endemic infectious diseases have been brought under control, and elementary school facilities extended, it has been possible to make a substantial start in providing programs for the handicapped, beginning with the blind and physically handicapped and now including the mentally retarded.

GOVERNMENT AGENCIES WITH MENTAL RETARDATION RESPONSIBILITY

Ministry of Social Affairs

Department of Social Rehabilitation for the Handicapped
(Director General, Dr. Salah El-Hommossani)
Mogama Building
El-Tahrir Square
Cairo

Ministry of Education

Elementary Education Administration
Special Education Department
Falaky Street
Cairo

Ministry of Health

Department of Mental Health
Cairo

VOLUNTARY ORGANIZATIONS WHICH INCLUDE CONCERN FOR THE MENTALLY RETARDED

Union of Agencies for Rehabilitation of the Disabled
c/o Rehabilitation Department
Ministry of Social Affairs

Voluntary and governmental agencies must be members of the Union.

RESEARCH

The Supreme Committee for Rehabilitation of the Mentally Retarded is specifically responsible for development, coordination and financing of research in mental retardation.

PUBLICATIONS

The professional journal which most frequently publishes articles on mental retardation is the "Journal of Modern Education."

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, assessment, consultation to parents - Traditionally in Egypt as in many countries the birth of a disabled child has been seen by parents as an act of God which must be accepted and about which nothing could be done. Modernization is bringing changes in attitude so that, while a disabled child is still warmly regarded as a part of the family, action to improve his development potential is increasingly recognized as possible and desirable. Diagnosis and assessment services are beginning to be available in the larger cities in general hospitals and university psychological clinics, faculties of education, charitable institutions, and the vocational training centers of the Ministry of Social Affairs.

Education - Since 1956 mildly retarded children (approximate I.Q. 50-70/75) are liable for compulsory schooling in so far as there are special classes or schools in their locality. Presently, about 1,000 are being served under the special education program of the Ministry of Education.

The Ministry of Social Affairs has responsibility for nearly 1,000 retarded children and young adults, the majority of whom are in 6 residential institutions, one of which (in Alexandria) provides training for moderately and severely retarded boys from 7 to 12 years (approximate I.Q. 25-50).

Vocational training - Social and vocational training is emphasized in all facilities for the retarded, preparing the young people to earn a living in such trades as carpentry, blacksmithery, carpet making, ceramics and leatherwork, housecraft, sewing and tailoring. The Mataria Training Center, a day workshop, in Zeiton (Ministry of Social Affairs), provides 100 young men between the ages of 16-25 with advanced training after which they are placed in the community for further training or as regular employees. Social workers of the Ministry of of other social service organizations are active in helping to find work placement for retarded school-leavers.

Medical care - Health problems of school age children are dealt with by the School Health Service of the Ministry of Health. The Ministry also provides medical help in hospitals, including a special department for the retarded in its mental hospital program.

Residential care - In addition to the 6 residential schools noted above, 5 for boys of different age groups and one for girls between the ages of 7-18, the Ministry of Social Affairs is responsible for two units for the delinquent retarded. There are also a number of smaller private establishments receiving government grants.

Financial assistance - Government schools and institutions are free of charge.

Recreation and leisure time programs - A comprehensive recreational program in facilities for the retarded is planned by a specialist for daily activities and group games, as well as for summer camps, etc.

Research - In 1966 a 4-year investigation was initiated, supported by a grant from the U.S. government, to study the specific problem of rehabilitation of the mentally retarded within the socio-economic and vocational structure of the city of Cairo. Prevalence among adolescents of working age, the feasibility of rehabilitation in the light of the expected work potential, and the availability of supportive community resources are the main features of the study which is being carried on in the first demonstration center of this type in the Arab countries.

Personnel training - Special education teachers receive a two-year special training in supplementary divisions of teacher training schools, both general and rural. Child care workers in residential homes and social workers have specialized training in an institute of social service, either 2 or 4 years in length. Recruitment is not a problem.

Planning and Coordination - A Summit Committee for projects on mental retardation established in 1966 is responsible for the general planning of technical and administrative programs and periodic follow-up, together with the Planning Department of the Ministry of Social Affairs. The Supreme Committee on Rehabilitation of the Mentally Retarded is concerned with determination of needs and requirements, prospective projects in rehabilitation and care, research and coordination, organization of conferences, seminars and training courses, setting up new centers and units for vocational training. Both Committees are established by Ministerial order but are independent bodies.

OTHER INFORMATION FOR VISITORS

Requests for information can be sent to:

Dr. S. El-Hommossani
Director General
Rehabilitation Department
Ministry of Social Affairs
Mogama Building
El-Tahrir Square
Cairo

School holidays are from mid-June to mid-September.

UNITED KINGDOM

THE UNITED KINGDOM OF GREAT BRITAIN (ENGLAND, SCOTLAND AND WALES) AND NORTHERN IRELAND

Area - 94,209 square miles (about the area of Oregon); population - 54,965,000; government - kingdom with bi-cameral parliamentary system. Executive powers rest nominally with the Crown but are carried out by the Cabinet and the Prime Minister, the head of the majority party. The major legislative power is in the 630-member House of Commons.

Population density is one of the world's highest (574 persons per square mile) with 80% urban or suburban; 25% live in the prosperous southeast corner and over 11 million in the London metropolitan area.

Practically all of Britain's former colonies are members of the British Commonwealth, an informal but closely knit association whichhas succeeded the Empire. Britain remains one of the leading industrial and trading nations of the world although its recent rate of economic growth has not been as rapid as that of some other Western countries. Unemployment has been held consistently low (with some exceptions in Scotland and Northern Ireland).

Primary and secondary education from ages 5 through 15 (16 in 1970/71) is free and compulsory. There are nearly 40 universities. Social welfare is implemented through a national insurance and assistance system covering sickness, maternity, unemployment and industrial accidents, death benefits and pensions for widows, orphans and the aged, and family allowances. Since 1948 the National Health Service has provided free medical, dental and nursing care.

Implementation of educational and social services is the responsibility of local authorities. Voluntary organizations have a long history of activity and play an important role, especially in the field of mental retardation.

ENGLAND AND WALES

	area:	population:
England -	50,331	46,374,000
Wales -	8,016	2,701,210
	58,347	49,075,310

Welsh affairs are the responsibility of a Cabinet member, Secretary of State of Wales, but administratively England and Wales are handled as a unit. About a quarter of the population of Wales is bilingual, 50,000 speak only Welsh.

During the middle of the 19th century some residential services were begun, with support both from government and voluntary groups. In 1895 a National Association for the Care of the Feebleminded was founded which in 1914 led to a Central Association for Mental Welfare; this united in 1946 with other organizations in the National Association for Mental Health which has continued to provide leadership in the voluntary field, although to a lesser extent as the National Society for Mentally Handicapped Children, an organization started by a group of parents in 1946, has gained in influence.

Specific legislation dates back to 1886 (The Idiots Act); the Education (Defective and Epileptic Children) Act of 1899 permitted local authorities to provide special schools or classes, and its 1914 revision made this obligatory for children considered educable. The Mental Deficiency Act of 1914 and the Mental Health Act of 1959 laid down the obligation to provide other needed services, the latter Act particularly outlining the responsibilities of local health authorities to provide services in the community, and departing from the former three level terminology to a designation of mentally subnormal as the general term, educationally subnormal (ESN) and severely subnormal (SSN) the two divisions, with administrative responsibility for the former (through school leaving age) met by the education authorities and for the latter by the health authorities (central and local).

In November 1968 transfer of responsibility for education of severely subnormal children from the health to the education authorities was announced, to be effected in the near future (probably by 1970). April 1, 1971 incl. certification of teachers –

GOVERNMENTAL AGENCIES WITH PRIMARY RESPONSIBILITY FOR MENTAL RETARDATION

The Department of Health* and Social Security
Alexander Fleming House
Elephant and Castle
London, S.E. 1

*(Until November 1, 1968 - Ministry of Health)

(All areas including welfare, maternity and child welfare, supplementary pensions and benefits.)

The Department of Health holds direct responsibility for the hospital service, including psychiatric hospitals for the mentally subnormal (residential institutions), through the 15 Regional Hospital Boards, and supervisory responsibility for medical services, training, sheltered employment and hostels which are provided by the 174 Local Health Authorities (County Councils and County Boroughs, the London Boroughs and the City of London).

The Department of Education and Science
Special Services Branch
Richmond Terrace
Whitehall, London, S.W.1

The Department is responsible centrally for school-age mentally subnormal children who can be educated. Local Education Authorities (Counties, County Boroughs, the Inner London Education Authority, and the Outer London Boroughs) are required to ascertain what children in their area need special education treatment and to provide such treatment.

Other Governmental Agencies with related responsibility for mental retardation

The Department of Employment and Productivity
8, St. James Square
London, S.W. 1

Including rehabilitation and vocational guidance - The youth employment service is a responsibility of the Department (formerly Ministry of Labour) but is administered jointly with officers from the Department of Education and Science and the Scottish Education Department. Locally the service is operated in most areas through Youth Employment Offices established by local education authorities, but may be carried out by local offices of the Department of Employment. The Disablement Resettlement Service and the government supported industrial rehabilitation units have not played a significant role in the field of mental subnormality, being used primarily for rehabilitation of the physically handicapped and mentally ill. However, financial assistance is allocated to some local authorities and voluntary organizations providing services to the mentally subnormal.

Coordination - There is no one central government agency that coordinates services for the mentally subnormal for which the individual Government Departments are responsible.

VOLUNTARY ORGANIZATIONS WITH PRIMARY CONCERN IN MENTAL RETARDATION

Professional

British Committee for the Scientific Study of Mental Deficiency
Dr. Barry W. Richards
St. Lawrence's Hospital,
Caterham, Surrey

Midland Society for the Study of Mental Subnormality
Monyhull Hospital, Kings Heath,
Birmingham 14

The Guild of Teachers of Backward Children,
7 Albermarle Street,
London W.1

(Supports the College of Education, an advisory service for professional workers at 85 Newman Street, London, W.1.)

The National Association of Teachers of the Mentally Handicapped,
60, Combe Avenue
Ensbury Park, Bournemouth

(Specifically, teachers of the SSN)

Citizen

National Society for Mentally Handicapped Children,
86, Newman Street
London, W.1

The NSMHC unites nearly 400 local societies and hospital friend's groups. In addition to the central headquarters staff, there are 12 regional offices. Its program in promotion of better public understanding and direct service to parents also has included a series of demonstration projects, holiday and emergency care, pre-school and day centres, recreation clubs, social and vocational training, and support for research into causes, prevention and treatment. A trusteeship insurance scheme provides for a personal interest in the mentally handicapped child or adult's welfare after the parents' death. NSMHC's services also include a network of welfare advisory services through its regional offices and centralized counselling and speech therapy services. It is one of the founding members of the International League of Societies for the Mentally Handicapped.

Voluntary organizations which include concern for mental retardation

National Association for Mental Health
39, Queen Anne Street
London, W.1.

In addition to pioneering sponsorship of many programs and information services, until recent years the NAMH provided the only training courses for teachers of the SSN.

National Society for Autistic Children
1A Golders Green Road, London N.W. 11.

National Spastics Society
12 Park Crescent, London, W.1.

British Epilepsy Association,
27 Nassau Street, London, W.1.

Invalid Childrens' Association,
4 Palace Gate, London, W.8.

Camphill - Rudolf Steiner Schools
38 Museum Street
London, W.C.1.

It is impossible to list all associations of professional workers who have some concern in the field of mental retardation. Some important ones are:

Association of Special Education
19 Hamilton Road, Wallasey, Cheshire

Association of Psychiatric Social Workers
The Oxford House, Maple Street, London, W.2.

Society of Mental Welfare Officers
100 Mansfield Road, Nottingham

British Psychological Society
Tavistock House South,
Tavistock Square, London, W.C.1.

The Royal Medico - Psychological Association
Chandes House, 2 Queen Anne Street, London, W.1.

Society of Medical Officers of Health
Tavistock House South,
Tavistock Square, London, W.C.1.

British Council for Rehabilitation
Tavistock House South,
Tavistock Square, London, W.C.1.

The National Association for Remedial Education,
Mr. S. W. Ashton, Secretary,
26, Shrewsbury Road,
Clay Mills, Stretton,
Burton-on-Trent, Staffordshire

The Association of Teachers of Maladjusted Children,
Mrs. Doris Holden, Hon. Secretary,
50, Green Hill Gate,
High Wycombe, Bucks.

The Association of Workers for Maladjusted Children,
Mr. Otto L. Shaw, Hon. Secretary,
Red Hill School,
East Sutton, Nr. Maidstone, Kent

There are a number of voluntary organizations such as Dr. Barnardo's Homes which provide registered residential and holiday programs, give support to the official organizations and supplement provision generally.

RESEARCH

Research is carried on or supported financially by the Department of Health and Social Security and the Department of Education and Science, by many universities and other organizations, of which the following should be mentioned:

Social Science Research Council,
High Holborn,
London, W.C.1.

Medical Research Council,
20, Park Crescent,
London, W.1.

National Foundation for Educational Research in England and Wales,
The Mere, Upton Park, Slough, Bucks, and 79 Wimpole Street, London W.1.

National Bureau for Co-operation in Child Care,
Adam House, 1 Fitzroy Square, London W.1.

The Kennedy Galton Centre for Mental Retardation Research and Diagnosis
Professor Penrose, Director, at Harperbury Hospital, Radlett, Herts.

Institute for Research into Mental Retardation,
85, Newman Street, London W.1.

The last named Institute, founded in 1966 by the National Society for Mentally Handicapped Children, serves as a clearinghouse and information center.

Journals

"Journal of Mental Deficiency Research", sponsored by the National Society for Mentally Handicapped Children.

"The Journal of Mental Subnormality", published biannually by The Midland Society for the Study of Mental Subnormality.

"Forward Trends", quarterly journal of the Guild of Teachers of Backward Children.

"Special Education", the official journal (quarterly) of the Association for Special Education and the educational journal of the Spastics Society.

"Educational Research", published by the National Foundation for Educational Research in England and Wales.

British Journal of Medical Psychology

British Journal of Social Medicine

British Hospital and Social Services Journal

Health and Welfare

"Mental Health", quarterly journal of the National Association for Mental Health

"Teaching and Training", quarterly journal of the National Association of Teachers of the Mentally Handicapped.

"Parents' Voice", quarterly journal of the National Society for Mentally Handicapped Children, which also issues a printed Newsletter, Impact, (information memorandum on 'P~~sychia~~tric' (Autistic) Children's Topics); many of the regional offices and local and district societies have regular publications.

Psychotic

Directories

Requests for information on specific facilities can be directed to the Department of Health, the Department of Education, NSMHC or NAMH.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis and assessment, parent counselling - Early identification of mental retardation may be made by medical officers of health, general practitioners, midwives and health visitors, and firm diagnosis may be established with the help of specialists in subnormality and paediatricians. (About 77% of all babies are seen at maternal and child welfare clinics.) Increasingly, registers of infants "at risk" are being used by local health authorities. Consultation to parents of mentally subnormal children during the pre-school years is a responsibility of the mental health section of the local health authority.

Parents may request examination by the local education authority any time after their child's second birthday; in general, however, educational ascertainment occurs at age 5 or during the first school years.

Education - As pointed out in the introductory section, responsibility for education of mentally subnormal children has been traditionally divided between the education authorities (for the ESN) and the health authorities (for the SSN). The planned changes are to be effected gradually.

Special education for the ESN can be provided from the age of two, but this is rare in practice; few of these children are given special education till they reach school at the age of five. Decision on placement - special school (day or boarding) - is made on the joint advice of teachers, doctors, and, in most cases, an educational psychologist, after consultation with the parents.

There are no universally adopted "programmes": each school has a considerable degree of autonomy in curriculum, according to the needs of the individual children and of the local circumstances. In the early stages there is a good deal of emphasis on play, social, personal, and physical development, on language, music, and movement. Later, the basic skills of reading, writing and number are introduced. At the secondary stage all schools place a great deal of emphasis on preparation for life and work after leaving school: prevocational training, visits to workshops and factories, practical activities for the boys, and training for marriage and raising a family for the girls. The minimum statutory leaving age in special schools is sixteen.

Similarly, there has been wide variation among the local health authorities in the provision of junior training centres for the SSN; over the years there has been a steady improvement in the training of instructors for these centres and along with it has come the development of more adequate curriculum and teaching practices. The need for this was emphasized in the Scott Report (1962) resulting in the establishment of the Training Council for Teachers of the Mentally Handicapped (1964) which approves special courses and grants a qualifying diploma.

While serious questions could be raised about the adequacy of the instructional programs of the training centres it must be recognized that they have served a larger percentage of moderately and severely retarded children than was the case in countries where the education departments had full authority.

In addition, an increasing number of local health authorities have initiated special care centres for children so severely multiply handicapped as to make their presence in a classroom infeasible. While a major function of these centres is to provide day care as a relief to the family, educational components have been increasingly introduced into the program.

Work training and employment - As stated above, the special schools give emphasis to vocational training. After school leaving the Youth Employment Service provides special services for the handicapped through their 18th year. Those attending the junior training centres in general are transferred after the age of 16 to adult training centres where there is an increasing emphasis on training for productive work. Some centres have a considerable work output under subcontract from industry. (Note: the Department of Health has available in print brief policy statements on junior and adult training centres.)

Medical care is given under the National Health Service through hospital and consultant services, commonly by referral from the local authority health service or from the general practitioner.

Residential care - The major residential service is supplied through the traditional large mental subnormality hospitals which provide a total of about 60,000 beds. The Wessex Regional Hospital Board is presently developing, as an alternative to the traditional all-purpose hospital, a system of overall community-based group homes.

As the local health authorities developed a network of services for the mentally subnormal, the need for informal residential facilities became obvious. The number of these "hostels" is rapidly increasing, providing both temporary and long term care. Usually separate facilities exist for children and adults.

Financial assistance - All educational, advisory, and medical services are provided free of cost to the parents. Families who care at home for a mentally subnormal son or daughter over 16 years of age who is totally or partially unable to work can claim a "supplementary benefit" under the National Assistance Act.

Recreation programs provided by the local authorities have been supplemented through activities sponsored by the NSMHC and its local branches. Most notable are the holiday and short-stay homes, and the Gateway Clubs which furnish leisure time programs to adolescents and adults.

Research in subnormality has a long tradition in England, both in the biological and in the behavioral sciences. An index of 500 mental deficiency research projects undertaken in the period 1960-1964, issued in 1966 by the Institute for Research into Mental Retardation (see listing above), gives an indication of the extent of research activities. A 1960-1968 index is in press (Pergamon).

Personnel training - Health visitors and mental health workers in the local mental subnormality programs and teachers in the special schools follow the standard curriculum for their professions. For staff employed in junior or adult training centres, there is available an increasing number of full time special courses on the college level, with differentiated levels of qualification, course content and duration (1 or 2 years). Certification is granted by the Training Council for Teachers of the Mentally Handicapped, which was established in 1964 by the Ministry of Health, with representation from the Department of Education, voluntary and professional groups, local authorities and training colleges.

In nursing (institutional care) there is a three year course leading to qualification as a Registered Nurse for the Mentally Subnormal (RNMS).

Planning - Services for the mentally retarded in Great Britain have been in a continuous process of change, predicated on extensive studies of which the following have been of particular importance:

The Mental Health Act of 1959 (see introductory section),
the 1962 Scott Report on training of staff in junior and senior centres,
the Plowden Report on education, and the 1968 Seebohm Report on social services.

Of more specific planning activity, especially notable is the research project of the Wessex Regional Hospital Board referred to above under *Residential care*.

OTHER INFORMATION FOR VISITORS

Information for visitors is obtained from:

Department of Education & Science
Elizabeth House
39 York Road, London,S.E.1.

Department of Health and Social Security
Alexander Fleming House
Elephant & Castle
London, S.E.1.

British Council
65 Davies Street
London, W.1.

National Association for Mental Health
39 Queen Anne Street
London, W.1.

National Society for Mentally Handicapped Children
86 Newman Street
London, W.1.

School holiday periods vary in different parts of the country, in general, however, the main vacations are as follows:

Summer - middle July - first week in September

Christmas - two weeks - December/January

Easter - two weeks - March and/or April

Other shorter holidays are given varying according to local circumstances and tradition.

NORTHERN IRELAND

Northern Ireland consists of six countries of Ulster in the northeast corner of Ireland, with an area of 5,238 square miles and a population of nearly 1.5 million, about two thirds Protestant, and one third Roman Catholic. When the country was divided in 1920, Northern Ireland chose to remain a part of the United Kingdom. It has a bi-cameral parliament and elects 12 members to the British House of Commons. The Secretary of State for Northern Ireland is a cabinet member.

Agriculture and food processing is the main industry; linen, man-made fibres, and ships the chief manufacturing products.

Elementary education is free and compulsory. Systems of social insurance, industrial accident and disability benefits, family allowances and pensions closely follow those of Britain, although Northern Ireland has its own legislation in these areas.

The introduction of the Mental Health Acts (Northern Ireland), 1948 and 1961, laid the base for a comprehensive service for the mentally retarded in which one authority is responsible for both the residential and community care of those ascertained to be as "suffering from arrested or incomplete development of mind (whether arising from inherent causes, or induced by disease or injury) which render them socially inefficient to such an extent that they require supervision, training or control in their own interests or the interests of other persons." They are the responsibility of the Special Care Service, under the Mental Health Services Committee of the Northern Ireland Hospitals' Authority, and are referred to as "persons requiring special care". The term "mental deficiency" is not used officially*; for internal administrative convenience, grades I, II and III are used for high, medium and low levels of development.

Educationally subnormal children, capable of being taught in special schools or classes but not in need of "special care" (Education Acts 1947 and 1963), are the responsibility of the Education Authorities; they may be referred to the Special Care Service at the age of 16 years if found to need further supervision and training because of social inadequacy.

GOVERNMENTAL AGENCIES WITH DEFINITE MENTAL RETARDATION RESPONSIBILITIES

Ministries

Ministry of Education
Dundonald House
Upper Newtownards Road
Dundonald, Belfast 4

Schooling is provided at the County Borough level directed by Education Committees of the local Councils.

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*A 1966 government report uses both the terms mental retardation and mental subnormality.

Ministry of Health and Social Services
Stormont
Belfast BT4 3SG

Mental Health Services Committee
Northern Ireland Hospitals' Authority
25 Adelaide Street
Belfast, BT2 8FD

The country is divided into three administrative areas for purposes of the Special Care Service:

Eastern Special Care Management Committee
Muckamore Abbey, Muckamore

Northern Special Care Management Committee
Infirmary Road, Londonderry

South Western Special Care Management Committee
Tower Hill, Armagh

Coordination in the field of mental retardation is effected by the official bodies listed above. Each Special Care Service is responsible for both the residential and community services provided.

VOLUNTARY ORGANIZATION CONCERNED PRIMARILY WITH MENTAL RETARDATION

Citizen

Local associations for the mentally handicapped are members of the
National Society for Mentally Handicapped Children,
Northern Ireland Region
230, Ormeau Road
Belfast 7

RESEARCH

The Clinical Institute
Royal Victoria Hospital,
Belfast

The Queen's University
Belfast

Muckamore Abbey Hospital
Muckamore, County Antrim

PUBLICATIONS

The annual reports published by Special Care Management Committees at addresses given above are available on request.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, parent counselling - Potential special care patients must be brought to the notice of the Special Care Management Committees by the Education Authorities, general medical practitioners, welfare authorities and other statutory bodies. Medical officers of the service carry out the ascertainment work and make recommendations to the parents on the basis of their diagnosis, the home circumstances and available facilities. Social workers visit each family regularly and make frequent visits when crises arise with which the parents cannot cope.

Education - Special schools, day and residential, as well as special classes in the ordinary elementary schools are provided for educationally subnormal children under the age of 16 by the local education authorities.

For the younger special care patients there are day schools which specialize in training the children in basic social skills and simple 3R work. Speech therapy, home training and physiotherapy are provided in certain cases. There are school departments in the residential institutions serving children.

Work training and employment - For those over 16 there are day occupational centres which concentrate on various forms of manual skills, and social and recreational needs. Employment officers attached to the service are engaged full time in obtaining employment opportunities for special care persons in the community. Some pilot schemes have been started in sheltered employment. Male and female hostels are provided in the City of Belfast as half-way-houses for persons returning to the community from the institutions, either to be employed in the Sheltered Workshops or outside employment.

Medical care - Close cooperation between special care consultants and school medical officers has been recommended as a fairly large number of educationally subnormal children are referred at age 16 who, it is felt, could have profited earlier by specialist consultation.

Residential care has been provided in specialized institutions only since the passing of the Mental Health Act of 1948; in 1965 nearly 2,000 were under care in two larger institutions (Muckamore Abbey - 832, and Tower Hill - 230) and 5 smaller institutions with 29 to 86 places. It was estimated that more than 1,000 additional places were needed on the basis of 3.7 per 1,000 population. About 600 persons have remained in care in mental hospitals. Important features of the 1961 Mental Health Act are the emphasis on informality of care, reduction of documentation and provisions for safeguarding against undue prolongation of a patient's stay in the early stages after admission into a hospital.

Recreation - Voluntary organizations and groups, including the very active Northern Ireland parents' associations, provide holiday programs for the mentally retarded in the community and also assist in making available extra recreation facilities and holiday programs for those in residential care.

Research - Most of the medical and psychological research projects undertaken in causation and treatment areas have been in conjunction with research workers attached to the Queen's University in Belfast. Work is carried on in chromosomal abnormalities, metabolic disorders, psychological and sociological problems.

Personnel training - Muckamore Abbey Hospital has a three year training course for male and female nurses leading to registration by the General Nursing Council as nurses of persons requiring special care.

In order to staff the day schools and centres in the community and the residential school departments, a college for the training of special care teachers was established in 1963 at Muckamore Abbey Hospital. Selected students do a two-year training course leading to a diploma as a special care teacher.

Planning - The 1966 "Report on the Development of the Special Care Service in Northern Ireland", by a Working Party of 8 medical and administrative officers of the Special Care Service, includes detailed recommendations on future organization and developmental needs of the Service over the next 20 years.

OTHER INFORMATION FOR VISITORS

Inquiries may be directed to the

Northern Ireland Hospitals' Authority
25, Adelaide Street
Belfast BT2 8FD

School holiday periods follow the general pattern of schools in the British Isles, i.e., summer - late July to early September, Christmas and Easter (about two weeks).

SCOTLAND

Area - 30,411 square miles; population - 5.18 million; government - constitutional monarchy with bicameral parliament (House of Commons and House of Lords). Scotland is represented in the British House of Commons by 71 members, but has separate government departments and local government legislation. Its executive in the British cabinet is the Secretary of State for Scotland. There are historically based unique differences in its system of law, judiciary, education, local government and national church. Of Scotland's population about 800,000 are Roman Catholic and the remainder are predominantly Protestant. Official languages are English and Gaelic.

Apart from the city of Aberdeen and the burgh of Inverness the northern and north-western sections of the country consist largely of sparsely inhabited tracts of heath and moor. The bulk of the population is concentrated in the central industrial belt and in the rural areas of the south and east. Edinburgh, the capital, has about a half a million people; Glasgow, twice as large, is Britain's third largest city and greatest industrial area. Approximately 34% of Scottish workers are employed in manufacturing; ship and locomotive building, production of fabrics, fishing, cattle and sheep raising are major occupations.

Compulsory education extends from age 5 to 15 (school leaving age is to be raised to 16 in the 1970's). Several teacher training colleges, agricultural, commercial and technical colleges, eight universities and various educational institutions provide further education facilities.

Social services are provided on a national basis by the local Health and Welfare Services. Further social services are carried out by various voluntary bodies, e.g., Salvation Army, Citizen Advice Bureau,etc. Contributions to the National Health Service are compulsory on all employed persons.

The earliest provisions for any category of handicapped persons were made for the blind and the deaf. The educational programmes developed for the blind and the deaf during the 19th century by a number of philanthropic organizations were eventually taken over by public authorities, which have administered and maintained the programmes since 1890. No provision was made for the schooling of mentally handicapped children until 1906. An act in that year permitted education authorities to establish schools or classes for the education of such children between the ages of 5 and 16. The passing of the Education (Scotland) Act 1945 made it mandatory for education authorities to provide special educational treatment for handicapped pupils, and the Mental Health Act 1960 for health authorities to provide suitable training for mentally defective adults and for children found unsuitable for education or training in special schools.

GOVERNMENTAL AGENCIES WITH DEFINITE MENTAL RETARDATION RESPONSIBILITIES

Scottish Education Department
Special Schools Branch
St. Andrew's House,
Edinburgh, 1.

Department of Employment and Productivity
Stuart House,
30 Semple Street
Edinburgh, 3.

Social Work Services Group
York Buildings
Queen Street
Edinburgh, 2.

Scottish Home and Health Department
St. Andrew's House
Edinburgh, 1.

Local education, health and welfare authorities provide direct services to the mentally handicapped in co-operation with the above national governmental organizations.

National Planning and Co-Ordination - Both the Scottish Education Department and the Scottish Home and Health Department are responsible for national planning and co-ordination, but representatives meet various local authority officials and voluntary organizations to discuss future proposals.

VOLUNTARY ORGANIZATIONS

Primarily concerned with mental retardation

Professional:
British Committee for the Scientific Study of Mental Deficiency
Dr. B.W. Richards
St. Lawrence Hospital
Caterham, Surrey

Citizen:
Scottish Society for Mentally Handicapped Children
68 West Regent Street
Glasgow, C. 2.

Founded in 1954, it now has over fifty branch and district societies with a membership of nearly 4,000. In addition to providing certain direct services to the mentally handicapped and their families and general information to the public, contact is maintained with government departments and local authorities. It is affiliated with the National Society for Mentally Handicapped Children (England, Wales and Northern Ireland) and is a member of the International League of Societies for the Mentally Handicapped.

Including mental retardation

Scottish Association for Mental Health
57 Melville St.
Edinburgh, 3.

Association for Special Education
Miss McHardy, Secretary
Coldside Occupational Centre
Caird Avenue,
Dundee,

Church of Scotland Committee on Social Service
10 Alva Street,
Edinburgh, 2.

RESEARCH

The research division of the Scottish Educational Department and the Scottish Home and Health Department include projects on mental retardation as do various university departments. In addition the following body would conduct a research project if approached by any responsible body.

Scottish Council for Research in Education
Dr. D.A. Walker, Director
46 Moray Place
Edinburgh EH3, 9DH.

PUBLICATIONS

Journals - Includes articles by Scottish contributors:

The Journal of Mental Deficiency Research
86 Newman St.
London, W, 1.
(published by the National Society for Mentally Handicapped Children)

For other journals, see listing for England and Wales. The Scottish Society for Mentally Handicapped Children publishes a quarterly Newsletter.

Directories - Information on the services available for the mentally retarded can be obtained from the Departments concerned with mental retardation. In addition the Scottish Association for Mental Health and the Scottish Society for Mentally Handicapped publish various pamphlets for parents of the mentally handicapped.

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagonsis and assesment, consultation to parents - Local health services are empowered to make arrangements for the care of children under the age of five, provide home nurses and health visitors, arrange for domestic help for the ill, and arrange for the provision or loan of equipment needed by patients being nursed at home. The importance of the health visitor's work lies in her regular attendance at infant welfare clinics, her duties in connection with the school health service and her contacts with the local authority medical services and family doctors.

In Scotland there is a well developed child guidance service which has contacts with a large variety of professional workers. Most of the children referred to the service come from schools and school health services; some, however, come directly from parents and from family doctors, and cases are referred also by, for example, children's departments, health and welfare departments, hospitals and probation officers. The provision of a child guidance service is shortly to be made mandatory on education authorities.

In all cases of suspected mental handicap there is a complete medical and psychological examination of the child and a study of the home and school situations, in consultation with teachers and parents, directed towards discovering the causes of retardation and applying such remedies as are available. If the parent of any child who has attained the age of two years requests the education authority for such an examination, the authority shall comply with the request unless in their opinion the request is unreasonable.

Education - Education authorities have a duty to ensure that children who appear to them to require special educational treatment shall receive it. They are also obliged to ascertain which children in their area who have attained the age of five years require special educational treatment. This descriptive phrase, special educational treatment, was first applied in Scotland to the education of handicapped children in the Education (Scotland) Act 1945, the first Scottish educational enactment to make provision for the handicapped child and the ordinary child on equal terms.

In 1968 there were 7,532 mentally handicapped pupils receiving education in education authority and grant-aided special schools and classes and a further 1,710 "ineducable but trainable" children were receiving training in junior occupational centres, which are a part of the educational system. The objectives of education in the special school must be more limited, the pace slower, the content more practical, the motivation simpler and more direct, and that what is attempted at the "secondary" stage bears little resemblance to the work of the ordinary school, at least on the academic side. At the same time special schools play an extremely valuable part in the educational system. The education they provide is not dominated by the traditional demands of the primary curriculum; they are free to make the best use of their pupils' limited powers and to provide a setting in which the children can enjoy success at their own level without the discouragement which results from comparison with other children. However, in some rural areas special classes in ordinary schools are preferred to special schools for social reasons as well as to avoid transport difficulties.

Voluntary groups have provided some pre-school nursery groups or day centres for mentally handicapped children from three to six years (in some localities these are now taken over by local authorities). In some community centres special teachers provide further education classes as part of the extensive evening club program.

Medical care - Hospital residents, children and adults, obtain medical care from hospital staff. Medical Commissioners of the Mental Welfare Commission visit hospitals to report on conditions and investigate complaints. Children in the community obtain medical care from general practitioners who can seek advice from consultants in the hospital service. The local health authority plays a supervisory role in the function of medical care for children and adults, provides sheltered employment and training and may arrange guardianship either on a voluntary basis or less frequently as statutory guardianship.

Residential Care - Residential schools for educable and ineducable but trainable mentally handicapped children are provided by education authorities and voluntary organizations. Some health authorities provide residential accomodation in conjunction with centres for mentally retarded adults and children who are unsuitable for special schools and in a few cases hostels where the mentally defective may stay for a period of rehabilitation. There are two schools run on the lines of Rudolf Steiner, viz., Camphill Rudolf Steiner School, Murtle House, Bieldside, Aberdeenshire and Garvald School, Dolphinton, West Linton, Peebleshire. There are also a small number of children in the regional mental deficiency hospitals and psychiatric units attached to general hospitals. While institutions generally are in outdated buildings, handicapped by lack of space, there are some innovations in providing half-way homes. Boarding-out of adults in farming areas has been used fairly extensively; temporary care is sometimes available in the institutions, and the Scottish Society for Mentally Handicapped Children supports two facilities for short-term and holiday care, the Stewart Home, Cove and Viewpark, Alyth. In one region (North-East) it is estimated that about one third of the known handicapped are in residential care, a third of these being older persons in hospitals for the mentally ill.

Work training and employment - Available for those who have left the special schools are Industrial Rehabilitation Units which form part of the Government Training Centres. These centres help to bridge the gap between the completion of medical or surgical treatment and return to full employment. There are courses in vocational training for those in need of training to enable them to undertake employment appropriate to their age, experience and qualifications. Occasionally some pupils are able to take a course in technical education at a Technical College. Those found unable to find or keep employment in the open market attend senior occupation centres although the number is still limited. The senior centres provide training in craft work, social development and continued education; some industrial sub-contract work is being done.

Financial assistance - The cost of maintaining a child in a residential special school for mentally handicapped children is usually met by the education authority for the area in which the child's parents reside. The cost of maintaining a child is about £20 a week. The Scottish Education Department grant-aid some residential special schools run by voluntary bodies. Handicapped adults (over 16) unable to be employed receive disability pensions. Voluntary organizations in the field are self-supporting, raising funds by public appeal.

Recreation - Several schools have after-care units where recreational programs are often provided by the teachers. Holidays in school camps are arranged by local education authorities. Voluntary organizations maintain short term holiday homes and provide special recreation events as well as extensive club programmes, frequently with the aid of young volunteers.

Research - At the present time a major interest in research is ascertaining children who show that they are at risk at an early age because of serious difficulties with speech or with reading. Members of two universities are at present carrying out projects on slow speech development. A research project exploring the use of programmed learning and teaching machines for repetitive work with low grade pupils is also being carried out. Other specific or related mental retardation research is being done in university departments, children's hospitals and the regional mental deficiency services although the funds available are limited. Studies in connection with the Guthrie test screening for PKU indicates a higher than expected number in West-Scotland; a three-year comprehensive survey being carried out in the North-East Region has identified at least two specific areas having a considerably increased number of individuals with Down's syndrome.

Personnel training - The education of mentally handicapped children is normally arranged in special schools which are staffed by certified teachers who have taken additional training in the special problems of teaching handicapped children. The specialized course of training for teachers of mentally handicapped children consists of four months at a College of Education followed by six months' supervised teaching practice. Jordanhill College of Education, Southbrae Drive, Glasgow, W.3., and Moray House College of Education provide courses for persons employed as instructors in junior occupational centres catering for ineducable but trainable children between the ages of 5 and 16.

Planning - New legislative proposals on the ascertainment of children requiring special education are included in the Education (Scotland) Bill at present before Parliament. The Social Work (Scotland) Act 1968 was passed in 1968 to make further provision for the promoting of social welfare in Scotland. The Scottish Education Department in co-operation with education authorities draw up each year a national special schools building programme for the ensuing two years.

OTHER INFORMATION FOR VISITORS

Information for professional visitors from abroad can be supplied upon request by the Scottish Education Department, Special Schools Building, St. Andrew's House, Edinburgh, 1., or by other agencies listed above.

The usual school holiday period is the months of July and August; schools are also closed for a fortnight during Christmas, New Year and Easter periods.

URUGUAY

Area: 72,172 square miles, the smallest of the South American republics; population 2.8 million, almost wholly of European descent. The language and cultural backgrounds are Spanish although much of the population is of Italian origin. The metropolitan area of the capital, Montevideo, has about 1.3 million people; more than one-third of the nation's workers are employed by the government. An independent nation since 1825, a constitutional change in 1966 lengthened the term of the presidency to five years, replacing the 14 year old annual rotating system whereby, as in Switzerland, the President had been chosen from the members of the 9-man coalition executive council. Suffrage is universal, with proportional representation in the bicameral legislature.

The economic crisis of the last decade has brought currency devaluation and huge trade deficits; most of the rich agricultural land is used for livestock raising and productivity has not kept pace with population growth, rising wages and social welfare legislation demands.

Education, including college, is free and primary education is compulsory; the literacy rate is 95%. Uruguay has one of the world's most extensive social welfare programs, with old age, retirement and disability pensions, extensive child welfare services, etc.

Montevideo is the seat of the Instituto Interamericano del Niño, an agency of the Organization of American States, which is composed of the majority of countries in North, Central and South America. The I.I.N. is located at Av. 8 de Octubre 2882 in Montevideo. In 1965 it established a Sección Retardo Mental of which Profesora Eloísa García Etchegoyhen de Lorenzo is the chief. See section on international organizations.

GOVERNMENTAL AGENCIES WITH DEFINITE RESPONSIBILITY FOR MENTAL RETARDATION

Ministries

Ministerio de Cultura (Ministry of Culture)
Sarandí 450
Montevideo

Consejo Nacional de Enseñanza Primaria y Normal
(National Council of Primary Education and Teacher Training)
Soriano 1045, Montevideo

Departamento de Enseñanza Especial
(Department of Special Education)
Ciudadela 1393, Montevideo

Ministerio de Salud Pública (Ministry of Public Health)
Av. 18 de Julio 1892, Montevideo

Clínica de diagnóstica del Hospital de Niños "Dr. Pedro Visca"
Gonzalo Ramírez 1926, Montevideo

Other official agencies with specific mental retardation responsibilities

Consejo Central de Asignaciones Familiares
(Central Council for Family Allowances)
San José 1132, Montevideo

Consejo de Niño (Children's Council)
25 de Mayo, 520, Montevideo

The Council is charged with basic responsibility in safeguarding the health and welfare of mothers and young children.

National planning and coordinating agency

Comisión Nacional de Rehabilitación
(National Commission on Rehabilitation)
Ministerio de Cultura, Sarandí, 450, Montevideo

An official advisory body appointed by the Ministers of Culture, Public Health and Social Welfare in 1968.

VOLUNTARY ORGANIZATIONS CONCERNED PRIMARILY WITH MENTAL RETARDATION

Professional

Asociación Nacional para el Estudio Científico de la Deficiencia Mental
(National Association for the Scientific Study of Mental Deficiency)
c/o Hospital de Clínicas "Dr. Manuel Quintela"
Departamento de Neurología
Avenida Italia

The Association was founded in 1967 and is a member of the International Association for the Scientific Study of Mental Deficiency.

Citizen

Asociación Nacional Pro-Niño Retardo Mental (ANR)
19 de Abril 1100, Montevideo

Founded in 1961, the ANR's membership consists of parents of the mentally retarded, interested citizens and professional workers. It has several branches and in 1964 joined the International League of Societies for the Mentally Handicapped.

Other voluntary organizations with concern for the mentally retarded

S.A.R.U. - Servicio do Ayuda Rural del Uruguay
Juan Carlos Gomez 1420, Montevideo
(see program note on residential care)

RESEARCH

Hospital de Clínicas "Dr. Manuel Quintela"
Av. Italia, Montevideo
(affiliated with the University of Uruguay)

Consejo Nacional de Enseñanza Primaria y Normal
Escuela de Recuperación Psíquica No. 1
19 de Abril 1130, Montevideo
Escuela de Recuperación Psíquica No. 2
Bvar. Artigas 1829, Montevideo

PUBLICATIONS

Journals

Boletín de la Sociedad Uruguaya de Pediatría
Boletín de la Sociedad Uruguaya de Neurología

See also publications of the Instituto Interamericano del Niño, Sección Retardo Mental, Av. 8 de Octubre 2882, Montevideo

Directories

Listings of special schools and classes are prepared by the Consejo Nacional de Enseñanza Primaria y Normal

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, consultation to parents - Specialized diagnostic work is carried out in the Children's Hospital (Hospital de Niños "Dr. Pedro Visca")and the University Hospital (Hospital de Clínicas "Dr. Manuel Quintela"). The special school for the mentally retarded children, Escuela de Recuperación Psíquica No. 1, provides a parent counselling service and assessment clinic for infants and preschool children as well as for school age children. A unique feature of this clinic is a home visitation and advisory service by a teacher with training in early child development.

Assessment and testing of school age children is the responsibility of the medical and psychological services of the Consejo Nacional de Enseñanza Primaria y Normal, through its Departamento de Salud y Bienestar Escolar (school health and welfare) which has medical, psychological, social and pedagogical services.

Education - Many elementary schools have ungraded classes for borderline or slow learning children (Clases de Recuperación Pedagogica). In Montevideo there are six special schools for mentally retarded children (Escuelas de Recuperación Psíquica) and in the other 18 Departamentos (Provinces) there are an additional 25 special schools. In contrast to other South American countries many of the special schools accept children of moderate and even severe retardation. A limited number of multi-handicapped retarded are accepted in the schools for children with other specific disabilities. Because the public school system in Uruguay early began to accept mentally retarded children, there are relatively few private schools.

Work training and employment - There is emphasis in the special schools on preparation for work, following the pioneering example of Mrs. Eloisa G. E. de Lorenzo, Director of the Escuela de Recuperación Psíquica No. 1, which, in addition to pre-vocational training in its regular classes, provides specific work training and a separate sheltered workshop for older pupils and young adults. The staff is responsibile also for social training, community job placement and follow-up. Also a part of the public school system is the vocational training program of ETRO - Escuela Taller de Recuperación Ocupacional (Av. Uruguay 1667,Montevideo), which in addition maintains a sheltered workshop with a separate board of directors.

Residential services are as yet very limited. "Obra Morquio", one of the special public schools in Montevideo (Chapicuy 3756), which was started in 1947 as a private school, maintains a boarding home for a limited number of children. Other residential facilities for dependent children, including some retarded, are the Colonia "Dr. Bernardo Echepare" in Santa Lucia, under the auspices of the Consejo del Niño and the "Don Orione" home, a private charity, in a suburb of Montevideo. Also privately maintained, by S.A.R.U. (Servicio de Ayuda Rural del Uruguay) is a home for girls and woman in Colón, "Hogar Margarita Uriate de Herrera," staffed by Spanish nuns. An undetermined number of severely retarded children and adults are under care in the state mental institution, Hospital Vilardebo.

Recreation - Escuela de Recuperación Psíquica No. 1 has pioneered in providing summer camping for all but its youngest (preschool) classes.

Research - At the University of Uruguay there has been long standing interest in research in the peri-natal period. More recently a multidisciplinary cooperative investigation on the identification and development of high risk infants has been undertaken by the Departments of Neurology, Obstetrics and Pediatrics of the Hospital de Clínicas (University Hospital) and the Escuela de Recuperación Psíquica No. 1.

Personnel training - Two-year courses in special education are available for qualified teachers with two years of general teaching experience. Special education teachers are granted a higher level of salary.

Some consideration to the subject of mental retardation is given both by the School of Nursing at the University Hospital and by the two schools of social work in Montevideo.

Planning and coordination - The Comisión Nacional de Rehabilitación, appointed in 1968, specifically includes both the physically and mentally disabled and is charged with wide responsibilities in fact finding, coordination, promotion and planning. In addition, the Asociación Nacional Pro-Niño Retardo Mental has played an active role in the promotion, development and coordination of services to the retarded. The activities in mental retardation of the Instituto Interamericano del Niño have been of considerable influence in Uruguay.

OTHER INFORMATION FOR VISITORS

Requests for information and visits can be directed to the

Consejo Nacional de Enseñanza Primaria y Normal
Soriano 1045
Montevideo

School holidays

The summer vacation period is from December to approximately March 10. There is a shorter two week winter holiday during July.

VENEZUELA

Venezuela is a South American republic on the Caribbean coast with an area of approximately 400,000 square miles. The climate is completely tropical; the year is divided into two seasons, rainy and dry (locally known as winter and summer), the former extending from April to November. Venezuelans are predominantly of mixed ancestry: Indian, Negro and European strains are present in approximately equal quantities. The population is estimated for 1970 at ten million, of which the greater metropolitan area of Caracas has about two million. Maracaibo is the second largest city with 500,000 people.

Venezuelan official language is Spanish, although customarily members of the intellectual middle class and the upper class speak at least one foreign language, English being now the predominant second language followed by French. Roman Catholicism is the official religion, although freedom of worship is guaranteed. Jewish, Moslem and Protestant congregations of almost all denominations are present.

Politically Venezuela is a formal democracy with a governmental structure similar to the United States Constitution. There is a powerful Executive Branch with a Bi-Cameral Congress all elected for a five-year term. Suffrage is extended to both men and women over 18 years old and voting is compulsory.

Petroleum is the basic export followed by iron ore and a minority export of certain agricultural products. Within the last decade Venezuela has increased its consumer industries and the cement, textiles, glass, paper, rubber, paint, pharmaceuticals, soft drinks, matches, leather and shoes and numerous others presently suffice Venezuelan consumption. Some of these industries begin certain levels of exportation.

By law, all children are required to attend school until the age of 14, but in reality only about 60% attend primary school. Secondary and technical schools and Universities are maintained free by the Federal and State Governments. Nevertheless a parallel private educational system exists although closely regulated by the Government. Literacy rate is claimed to be above 80%.

GOVERNMENT AGENCIES WITH DEFINITE RESPONSIBILITY FOR MENTAL RETARDATION

Ministries

Ministerio de Educación Esquina El Conde Caracas	(Ministry of Education)
Servicio de Educación Especial Jesuitas a Tienda Honda, Edificio Nazareth Director- Prof. Irma de Rodriguez	(Special Education Service) - Caracas
Ministerio de Sanidad y Asistencia Social Edificio Sur, Centro Simón Bolivar- Caracas	(Ministry of Health and Social Assistance)
Departamento de Higiene Mental, Director- Dr. Victor Boccaranda	(Department of Mental Health)

OTHER OFFICIAL AGENCIES WITH MENTAL RETARDATION RESPONSIBILITIES

Instituto Nacional de Psiquiatria Infantil (INAPSI) (National Institute of
Av. Las Acacias, No. 65, La Florida - Caracas Child Psychiatry)
Director - Dr. Pedro Reyes Espinoza

Consejo Venezolano del Niño (Venezuelan Childrens Council)
Edificio J. Beneficiencia, San Martin - Caracas

Sección de Neurología, Departamento de Pediatría (Neurological Section,
Hospital Clínico, Department of Pediatrics)
Universidad Central de Venezuela (Clinical Hospital,
Ciudad Universitaria - Caracas Central University of Venezuela

IMPORTANT LOCAL AGENCY NOT DEPENDENT ON THE MINISTRIES

Sección de Higiene Mental, Hospital de Niños "J.M. de los Rios"
(Mental Health Section, Childrens Hospital "J.M. de los Rios")
Av. Vollmer, San Bernardino - Caracas
Director - Dr. Lya Imber de Coronil

The Childrens Hospital is responsible to the Office of the Governor of the Capital District.

NATIONAL PLANNING

At the present time there does not exist any formal Committee for Planning at National Level. However, a start has been made by the appointment of a Special Commissioner,(The Reverend Carlos Sanchez Espejo), by the President of Venezuela, who "should be present in the most important deliberations of AVEPANE, to coordinate the initiative of the public and private sectors and to act as a permanent spur on the conscience of each and everyone of the officials who share our responsibility for the well-being of the exceptional children of Venezuela". (Excerpt of the pronouncement made by the President of Venezuela, Dr. Rafael Caldera, during the opening Session of the I° Jornadas de AVEPANE Sobre Retardo Mental, held from the 28th of October through the 1st of November, 1969, in Caracas.

VOLUNTARY ORGANIZATIONS CONCERNED PRIMARILY WITH MENTAL RETARDATION

Professional:

Asociación Venezolana Para el Estudio Científico de la Deficiencia Mental
(Venezuelan Association for the Scientific Study of Mental Deficiency)
c/o INAPSI
Av. Las Acacias, No.65, La Florida - Caracas

Member of the International Association for the Scientific Study of Mental Deficiency.

Citizen:

Asociación Venezolana de Padres y Amigos de Niños Excepcionales (AVEPANE)
(Venezuelan Association of Parents and Friends of Exceptional Children)
6a Transversal de Altamira, No. 21-17 - Caracas

Founded in 1963, AVEPANE is a member of FIPAN (Federación de Instituciones de Asistencia al Niño), and an affiliate member of the International League of Societies for the Mentally Handicapped.

Asociación Larense de Padres y Amigos de Niños Excepcionales (ALPANE)
(Lara State Association of Parents and Friends of Exceptional Children)
Carrera 4, cruce 6 - Clinica David Lobo, Urb.Santa Segovia-Barquisimeto,
Estado Lara

Asociación de Padres y Amigos de Niños con Retardo Mental Moderado (AVESTRELLA)
(Association of Parents and Friends of Children with Moderate Mental Retardation)
Address same as AVEPANE

Asociación Zuliana de Padres y Amigos de Niños Excepcionales (AZUPANE)
(Zulia State Association of Parents and Friends of Exceptional Children)
Calle 66, No. 63, Urb. Creole, La Lago; Maracaibo, Estado Zulia

There are also groups forming in the states of Táchira and Carabobo.

OTHER VOLUNTARY ORGANIZATIONS WHICH INCLUDE SOME CONCERN FOR THE MENTALLY RETARDED

Liga Venezolana de Higiene Mental (Venezuelan League of Mental Health)
Av. Olimpo, No. 56 - Urb. San Antonio, Caracas

Asociación Nacional de Paralysis Cerebral (ANAPACE)
(National Association for Cerebral Palsy)
Terrazas de Santa Monica, Av. Simón Planas y Gil Fortoul - Caracas
Director - Dr. Gustavo Leal

RESEARCH

No formal program on investigation is under way, but several independent researchers are working on genetic programs which indirectly concern the problem of mental retardation.

PUBLICATIONS

AVEPANE'S Annual Bulletin and extensive informational publications prepared for the First Conference on Mental Retardation in 1969.
INAPSI'S Magazine, "Niños"

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Casefinding, diagnosis and assessment, consultation to parents:

The Center of Diagnosis and Treatment of AVEPANE provides diagnosis, orientation, treatment. A Social Service Department operates within the Center for parents' guidance. The Dispensaries belonging to the Department of Mental Hygiene provide diagnosis. Several Federal Schools throughout the country have School Health facilities which detect mental retardation cases within the schools. The Child Clinic of Mental Health belonging to the Venezuelan League of Mental Health carries out diagnosis and treatment of mentally retarded children. The Neurological Section of the Department of Pediatrics, working within the Clinical Hospital of the Central University of Venezuela,provides medical assistance.

Education:

The Institute Aveluz, the pioneering day school program of AVEPANE, provides education to mildly retarded children from 6 through 14 years of age. A limited number of less able children have been served, but plans are now under way to open a separate day school for moderately retarded children (I.Q. below 50), under sponsorship of the association AVESTRELLA.

In 1969, under the newly established Special Education Service of the Ministry of Education, the first public school was inaugurated, the Institute of Special Education, with leadership supplied by three specialized teachers from Uruguay, arranged through the Mental Retardation Section of the Inter-American Childrens Institute. Six classes are serving some 90 children, including some moderately and severely retarded. As more teachers are trained, the Ministry's special education services will be extended.

Other facilities are the "Dr. Pedro Reyes Espinoza" school, maintained by the National Institute of Child Psychiatry (INAPSI) and the "Carolina Uslar de Rodriguez Llamozas" school of the Venezuelan Children's Council. There are also several private schools that do not belong to any official or private parents' association; among them are: ICANE, Psico-pedagogic Institutes "María Amor Fernandez", "Rojas Lucambio", Dr. Ramos Calles", "John Dewey", all in the metropolitan area. In the interior of Venezuela, ALPANE AND AZUPANE have their own schools.

Work training:

The only workshop as yet established is the Talleres Aveluz " Dr. Alberto Mateo Alonso" founded by AVEPANE in September 1969.

Residential Services:

The Department of Mental Health has a psychiatric hospital called Bárbula in the State of Carabobo, among whose patients are an undetermined number of mentally retarded. Several private schools that do not belong to any private parents' associations also have certain residential facilities for the mentally retarded.

Financial Assistance:

Children whose parents are insured under the social security system, benefit from a limited assistance given during twelve consecutive months out of every eighteen-month period. Private associations offer scholarships for treatment, education and vocational training, obtained through donations.

Training of Personnel:

Specialized training programs, primarily for teachers and psychologists, are carried out by AVEPANE, INAPSI and by the Instituto de Mejoramiento del Magisterio (Teachers' College), depending on the Ministry of Education.

OTHER INFORMATION FOR VISITORS:

Official visitors sent by foreign governments may have their visits arranged through the Ministry of Foreign Relations and the Ministry of Education.

Official visitors from non-governmental associations will be welcomed by AVEPANE, who can establish programs and coordinate their stay in Venezuela. Unfortunately AVEPANE is not in the economic situation to be able to provide financial assistance for such a visit.

School Vacations:

Summer vacation: from the middle of July through the middle of September, Christmas, Holy Week.

SUPPLEMENTARY INFORMATION

Following the First Conference on Mental Retardation in 1969, a national association has been founded:

Federacion Venezolana de Asociaciones de Padres y Amigos
de Ninos Excepcionales (FEVEPANE)
c/o AVEPANE
6a Transversal de Altamira, 21-17
Caracas

YUGOSLAVIA

Area - 98, 766 square miles; population - 20 million; government - the Socialist Federal Republic of Yugoslavia (SFRJ) comprises the six republics of Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia, and Slovenia. It is governed by the President, a cabinet (the Federal Executive Council) and a Parliament (the Federal Assembly) which is composed of five chambers and elects the President. Belgrade is the capital.

There are three different language groups (Serbo-Croat, Slovene and Macedonian), two alphabets (Latin and Cyrillic) and three religious groupings (Serbian Orthodox - about 7 million, Roman Catholic - about 5,5 million; and Moslem - about 2,1 million).

Once a predominantly agricultural country, Yugoslavia is in an era of intensive industrialization and urbanization.

School attendance has been compulsory from age 7 to 15 since 1958, but a substantial portion of the older population (over 20%) is illiterate. The basic national education law is administered under the supervision of the Secretariat of Education in the six Republics through local councils of education and school committees.

In 1960 the two federal Secretariats of Public Health and of Social Policy issued, in compliance with the General Law on Education, a "Regulation on the Classification and Registration of Physically and Mentally Handicapped Children and Juveniles." This legal act regulates the selection, detection, classification and registration of handicapped children and juveniles. Expert commissions entrusted with this work are established either in communes or in medical and educational institutions. An appeal against the decision of the expert commission may be brought by the parents to the appellate commission at the Republic Secretariat for Public Health and Social Welfare.

GOVERNMENT AGENCIES WITH RESPONSIBILITY FOR MENTAL RETARDATION

Federal Council for Health and Social Policy
Brankova 25, Beograd

Federal Secretariat for Education and Culture
Moše Pijade 8, Beograd

Federal Secretariat for Labor
Prvi bulevar 104, Beograd

The Yugoslav Institute for School and Education Problems
Draže Pavlovića 15, Beograd

Federal Institute of Medical Care
Perezića-Krcuna 35, Beograd, Slobodana

In the Republics:

The Republic Secretariat for Public Health and Social Welfare

The Republic Secretariat for Education

The Republic Secretariat for Labor

Institute for Education

In the Communes:

Section for Health and Social Welfare

Section for Education and Culture

Section for Labor

Institutes for Social Work

In Smaller Communes:

Section for Social Services

Council for Education and Culture of the Communal Assembly

There are no separate administrative sections for the mentally retarded on any level, either local, republican or federal. The basic task of the enumerated sections is to deal with all problems of rehabilitation of the disabled.

VOLUNTARY ORGANIZATIONS

Federal Association for the Mentally Retarded Draškovićeva 80, Zagreb	Savezni Odbor - Saveza društva za pomoć mentalno nedovoljno razvijenim osobama u SFRJ

The Republic Associations for the mentally retarded

Intercommunal and communal associations for the mentally retarded

The Federal Association, known briefly as "Savezni odbor," has a membership of approximately 30,000 and 80 branches on the republic, intercommunal and communal level. Members are parents and relatives of the retarded, pediatricians, psychiatrists, educationalists, defectologists, social workers. National conferences and special seminars are held, frequently with participation by experts from other countries. The Federal Association was founded in 1963 and in 1964 became a member of the International League of Societies for the Mentally Handicapped. It also holds membership in the International Association for the Scientific Study of Mental Deficiency.

Other professional and voluntary organizations:

Federal Association of Defectologists of Yugoslavia, Svetozara Markovića 85, Beograd	(Savez društava defektologa jugoslavije)
Union of Medical Associations of the SFRJ, Zelenivenac 1, Beograd	
The Yugoslav Committee for Social Work, Narodnog fronta 45/VI, Beograd	(Jugoslavinski komitet za socialni rad)
Council of Organizations for Education of Children of Yugoslavia, Moše Pijade 12, Beograd	(Društvo i Vaspitanje, Savet organizacija i ustanova za vaspitanje dece jugoslavje)

The Yugoslav Red Cross,
Simina 19, Beograd

All these organizations have executive boards at the republic and federal level.

RESEARCH

Institute for Mental Health, Palmotićeva 37, Beograd	(Zavod za mentalno zdravlje)
Higher School of Defectology, Kušlanova 59a, Zagreb	(Visoka defektološka škola)
Institute for Rehabilitation Sokobanjska 13, Beograd	(Savenzi institut za rehabilitaciju)
Institute for Rehabilitation of the Disabled Linhartova 51, Ljubljana	(Zavod za rehabilitaciju invalida)

PUBLICATIONS

"Pregled" - Survey of Problems of the Mentally Retarded, - journal of Savezni odbor - Draškovićeva 80

"Specijalna Škola" - The Special School Journal of the Federal Committee of the Federal Association of Defectologists of Yugoslavia,
Svetozara Markovića 85, Beograd

"Defektologija" - professional journal of the Higher School of Defectology,
Kušlanova 59a, Zagreb

"Zbornik" - Digest of the Association for the Mentally Retarded of Slovenia (Journal of the Slovene Association),
Parmova 41/II, Ljubljana

BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

Case finding, diagnosis, consultation - Detection and diagnosis at birth are made by new-born stations of maternity clinics; later on by children's hospitals, child health and school out-patient clinics. Diagnosis may also be settled by expert commissions for classification and registration of physically and mentally retarded children as well as by child health and school out-patient clinics. Assessment of diagnosis and consultation are carried out by school policlinics and child guidance homes.

The work in these facilities is organized by teams composed of the following experts; a pediatrician, a psychiatrist, a psychologist, a special educationalist,(defectologist), a social worker; when required other specialists (otologists, audiologists, logopedists, etc.) may be engaged.

Education - Education of mildly retarded children (IQ 75-50) is free from 7 to 15 or 17. There are 70 republic, intercommunal and communal special elementary schools with 340 classes and 12,000 mildly retarded children.

For children between 3 and 7 special child guidance sections in kindergartens, sections at special elementary schools and a mobile orto-pedagogic service (a defectologist visits children at home) are being instituted. Sections for vocational training are being gradually instituted for juveniles from 15 to 19.

Children who cannot live at home and attend special elementary schools receive residential education or will be placed in foster families.

There exist outpatient clinics for corrective gymnastics, logopedy, audio-pedagogic training and educational consultation. Severely handicapped are trained in institutes for vocational training.

Work training and employment - Vocational training is done through relatively rare workshops, economic (factory) centers or regional centers for rehabilitation of the disabled. Severely handicapped are vocationally trained and employed in sheltered workshops.

Medical services - are provided through medical and hospital institutions, health departments, mental hygiene centers, consultation centers, etc. Medical care and attention are free. 80% of the population is under social security.

Residential care is provided for one fifth of all retarded children under special education (10 residential schools), for children living in bad social conditions or coming from rural areas without special schools. Moderately retarded children attend six day or residential schools in big cities. The severely and profoundly handicapped are cared for in 23 special institutes serving 5,000 children and adults, with farms, workshops, etc. There are retarded persons also in psychiatric hospitals.

Financial assistance is provided mainly through social security for the employed and their families (80% of population). Special education is financed from education (local and state) funds; medical care from health funds, and social care (residential) from the budget of social welfare. The Federal Association of the Mentally Retarded receives a subsidy from the income of the federal lottery (in 1968, new dinars: 3,400,000) and state and local societies (80) from social welfare offices. Only wealthy parents participate in the residential costs for their children.

Recreation is provided under regular possibilities with other children at the sea or mountains. There are two recreation homes for retarded children only, on the Adriatic coast. The policy is to include, as much as possible, retarded children in regular community recreation programs.

Research is done in special institutes (as noted above), defectology schools, guidance clinics, etc. Financial assistance for research comes from social security, research funds (federal and state), university faculties, etc. Originally, research concentrated on biological areas; more recently studies have been made in sociological, educational and rehabilitative approaches to mental retardation.

Personnel training - Educational personnel is trained in the College of Defectology in Zagreb, Higher School of Special Educationalists in Belgrade and in the Division of Defectology of the Teacher's College in Ljubljana.

Social workers are trained in social work schools in Belgrade, Zagreb, Ljubljana, Sarajevo and Skopje.

Psychologists are trained in the Philosophy Faculties of the University of Belgrade, Zagreb and Ljubljana.

Legislation -

a) Federal

1958 Basic Law on Disablement Insurance
1958 General Law on Education
1960 Regulation on the Classification and Registration of Physically and Mentally Handicapped Children
1960 Decree on the Vocational Rehabilitation of the Insurants' Children
1965 Basic Law on Institutions

b) The republic legislation

Law on Special Education
Law on Financing Education
Law on Committees of Child Welfare and Some Forms of Child Welfare
Law on High Schools
Law on the Training of Physically and Mentally Retarded Children and Juveniles

Planning and coordination - Network, personnel, medium-term and long-range programs are planned by the competent communal, republic and federal administrative services. There are no independent planning institutions.

Coordination is effected by such authorities as Intercommunal Conference for Rehabilitation of the Disabled; Conference for the Rehabilitation of the Disabled of the Socialist Republic of Slovenia. This organization includes administrative services dealing with rehabilitation of the mentally retarded, institutions of social insurance, employment institutions, regional centers for rehabilitation of the disabled, institutions for the training of the disabled, economic organizations, communal administrative services, medical centers; in short, all persons and institutions dealing with the mentally retarded.

INFORMATION FOR VISITORS

Requests for assistance in arranging professional visits can be made to the Federal Association forrthe Mentally Retarded of the SFRY, Savenzi odbor, Draškovićeva 80, Zagreb.

Requests should be forwarded at least one month in advance and should give precise information on the visitor, professional background, particular interests, and length of time available for thevvisit in Yugoslavia.

School Holidays - The winter period in educational institutions in Yugoslavia is from January 15 to February 15; the summer holiday period lasts from the last week of June until the end of the first week of September.

SUPPLEMENTARY INFORMATION

Name change of "Savezni Odbor" to

Savjeta Organizacija za Pomoć Mentalno Retardiranim Osobama u SFRJ	Council of Organizations for Aid to Mentally Retarded Persons in SFRY

APPENDIX

TIPS FOR TRAVELERS

Suggestions on Planning Trips to Other Countries

With the tremendous increase in international travel, many institutions and agencies have become quite severely burdened by the large number of visitors from abroad.

Stop and think for a moment what it means for a residential center, such as Vangede in Copenhagen, to have several thousand visitors within one year. Many hours of valuable staff time are involved in receiving these visitors. You will quickly see that it is not only your obligation towards your prospective host but also in your own interest to prepare your trip carefully so that your visit will receive appropriate attention. Here are a few suggestions:

1. Prepare a one page statement which gives your own professional background, your present activities, including your full title, the name of the agency or organization which employs you, and your full address. Outline briefly the particular program areas in which you are interested; indicate also whether you are interested in meeting particular staff members.

2. Enclose this statement in all your correspondence preparatory to your trip and carry enough copies with you so you can leave one with the person who receives you at each of the programs you visit. Furnishing this kind of information will assure your prospective host that your interest is genuine and warrants his attention. It also will help him to plan your time most effectively and to involve those of his staff who are best able to assist you, or who may be best able to act as interpretor for you.

3. Be as specific as possible regarding the length of time you will have available for your visit.

4. Frequently the traveler tries to crowd too much into his schedule. Be sure to give yourself time to absorb and to keep a record of what you have seen. Allow also adequate time for your local travel arrangements so your host is not kept waiting. One easily forgets how much one can get slowed down in finding one's way in unaccustomed surroundings.

5. Usually people do not object to having pictures taken, if it does not disrupt the ongoing activity of a class or group.

6. Thank you letters are of course always appreciated, as well as copies of reports you may make on your return.

BON VOYAGE!

QUESTIONNAIRE FOR
THE INTERNATIONAL DIRECTORY OF MENTAL RETARDATION RESOURCES

Name of country______________________________

Name of respondent ______________________________ Position, title ______________________________

Address ______________________________ ______________________________

* *

Please refer to the accompanying letter before answering the questions.

It is not necessary to return this form, but please number your answers in accordance with this outline, beginning with the above identifying information.

In listing addresses, please give in your own language, with an English translation in parentheses, the full name of each ministry, department, organization or agency you are listing, with the title of the person responsible for the mental retardation service, and the complete address.

Example:
Kungl. Medicinalstyrelsen (National Board of Health)
Dr. Karl Grunewald, Överinspektor för vården av psykisk efterblivna (Chief, Care of the mentally retarded)
Vallingatan 2,
Stockholm 3, Sweden

* *

A. GOVERNMENTAL

1. Please list the specific Ministries or Departments in your national government which have major responsibility for mental retardation (Health, Education, Welfare or Social Affairs, Labor, etc.).

   Major is understood here either quantitatively or qualitatively, e.g. the Department or Ministry of Labor, or the Employment Commission, may as yet have served only a small number of the mentally retarded, yet it would be considered a major service or resource.

   If, within a specific Ministry, various departments or sub-divisions carry specific responsibilities, please list separately and give name and title of the head, with the bureau address.

2. Are there other national official or quasi- (semi-) official agencies which have specific responsibilities in the field of mental retardation?

   Example: Oeuvre National de l'Enfance in Belgium is an important semi-official body, officially established and subsidized by the state, which, through its mother and child health stations, is involved in mental retardation through case finding, diagnosis and, specifically, a PKU testing program.

3. Are there major local or provincial public agencies active in mental retardation which are not dependent on one of the Ministries you have listed?

4. Is there a national planning or coordinating body in the field of mental retardation? Is it official, semi-official, or private?

B. VOLUNTARY (Private) ORGANIZATIONS

1. Voluntary organizations concerned primarily with mental retardation.

    a) Professional.

    Example: Associação Brasileira para o Estudo Científico da Deficiência Mental
    (Brasilian Association for the Scientific Study of Mental Deficiency)

    b) Citizen.

    Example: National Society for Mentally Handicapped Children (England and Wales)

2. Other national voluntary organizations which include mental retardation in their program.

    Examples: Association of Special Education Teachers
    Society for the Cerebral Palsied
    Red Cross
    Association of Sheltered Workshops

C. RESEARCH

1. List any central governmental institute or committee specifically responsible for development, coordination or financing of research in mental retardation.
2. List any central governmental research institute or committee which includes mental retardation in its program.
3. List other private institutes, associations or committees with a major interest in research in mental retardation.

D. PUBLICATIONS

1. Please list the professional journals which most frequently publish articles on mental retardation.
2. If directories are available of (or including) services or programs for the mentally retarded, please list, with name and address of publisher, and price.

E. BRIEF DESCRIPTIVE NOTES ON PROGRAM AREAS

The purpose of this section is to give an overview of existing services. You are requested to make brief comments about programs, not to list specific facilities.

1. Case finding, diagnosis and assessment, consultation to parents
2. Education
3. Work Training and Employment
4. Medical Care
5. Residential Care
6. Financial Assistance
7. Recreation (leisure time programs)
8. Research

9. Personnel training

10. Planning: in prevention, legislation, architectural design, etc.

F. OTHER INFORMATION FOR VISITORS

1. Is there an official agency (in a ministry, department, commission) which will help to arrange a program for a professional visitor or group of visitors from abroad? If so, under what circumstances?

2. A common problem for persons from other countries interested in visiting schools is that they are uninformed about the usual school holiday periods. Please list therefore the approximate dates of school holiday periods.

To some extent you may have printed information or other statements on hand which include the information requested. If this is not in English, you would help me by marking the particular section or paragraph with the corresponding letters and number of the questionnaire.

Your cooperation is greatly appreciated.

(Mrs.) Rosemary F. Dybwad, PhD
c/o The Heller School
Brandeis University
Waltham, Massachusetts 02154

September 1967

Dear Friend,

Your help is requested in the preparation of an International Directory of Mental Retardation Resources which I have been commissioned to compile and edit. This project is sponsored jointly by the International Association for the Scientific Study of Mental Deficiency and the International League of Societies for the Mentally Handicapped. Both organizations are convinced that such a Directory is needed to assist persons working in the field of mental retardation

a) who plan to visit a country,
b) who wish to correspond with or gather information from agencies in other countries, or
c) who would like to get, through this Directory, a brief comparative overview of major mental retardation resources in various countries.

In general, only national agencies and organizations are to be listed. Where national organizations are not yet active, but a local, provincial or regional body, public or private, performs a substantial service, this should be noted.

To the extent possible, information about major research centers will also be included.

It is important that all listings are complete enough so that a person in a foreign country will be able to address a letter of inquiry, or request for an appointment, i.e., a full mailing address must be given.

In order to aid the reader the Directory will include in addition to the listings for each country an overview of existing services through brief descriptive notes on program areas, as well as a few statistical data on geography and population. This is necessary because of the great differences from country to country, in the basic governmental structure in general, and in the development of mental retardation services specifically. The reader will then know which agency or agencies to approach for more detailed information.

In a separate section the Directory will list international governmental and non-governmental organizations which are active in this field, with some brief comments on the extent of their involvement.

It is realized that questionnaires of this type constitute a real burden on those to whom they are addressed. In order to avoid unnecessary duplication of effort on the part of those who will kindly cooperate with this project, it will be quite sufficient if a respondent would simply note what other person in his country would be in a better position to provide the information requested in a particular section of the questionnaire.

The editor will be most grateful for your cooperation in this matter and particularly for any suggestions for ways in which the work of this project can be improved.

Sincerely,

(Mrs.) Rosemary F. Dybwad
c/o The Heller School
Brandeis University
Waltham, Massachusetts 02154

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